Case	1:04 cr 01016 NGC Document 1534 Filed 02/09/16 Page 1 of 205 PageID #: 17685
	1963
1	UNITED STATES DISTRICT COURT EASTERN DISTRICT OF NEW YORK
2	UNITED STATES OF AMERICA :
3	: 04-CR-1016 (NGG)
4	versus : United States Courthouse : 225 Cadman Plaza East
5	: Brooklyn, N.Y. 11201
6	RONELL WILSON, :
7	: DECEMBER 5, 2012 DEFENDANT. : 9:00 A.M.
8	x
9	TRANSCRIPT OF HEARING
10	BEFORE THE HONORABLE NICHOLAS G. GARAUFIS UNITED STATES DISTRICT COURT JUDGE
11	
12	APPEARANCES:
13	For the Government:
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21	New York, New York BY: DAVID STERN, ESQ.
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25	

Case	1:04 er 01016 NCC Document 1534 Filed 02/09/16 Page 3 of 205 PageID #: 17687
	Denney - Cross/Burt
1	(In open court.)
2	(Witness takes the witness stand.)
3	ROBERT L. DENNEY, called as a witness, having been
4	previously duly sworn, was examined and testified as follows:
5	THE COURT: Please be seated.
6	Good morning Dr. Denney, how are today?
7	THE WITNESS: Fine, sir.
8	(Defendant enters the courtroom.)
9	THE COURT: All right. Appearances please.
10	MS. COHEN: Celia Cohen, Jim McGovern on behalf of
11	the United States.
12	THE COURT: Good morning.
13	MR. BURT: Good morning, your Honor, Michael Burt
14	and Colleen Brady and Mr. Wilson is present. Mr. Stern is not
15	present.
16	THE COURT: Lets continue with cross-examination.
17	Mr. Burt.
18	MR. BURT: Thank you.
19	THE COURT: Remind the witness that he is still
20	under oath.
21	THE WITNESS: Yes, sir.
22	CROSS-EXAMINATION
23	BY MR. BURT: (Continuing.)
24	Q Good morning, Doctor.
25	A Good morning.

know the answer to that question, I suspect that this witness doesn't know the answer to that question either. But its really about relevance.

We already have two standards floating out there that have been fully developed and now to bring in a third standard and say, oh, the Social Security Administration says that mental retardation means the following just introduces a new definition and, again, the Social Security Administration may have different policy concerns, like, maybe there's some reason why they want a broader definition of mental retardation maybe out of a sense of benevolence to those who are in the borderline range. I don't know the answers to those questions but I would submit that its irrelevant to the issue here.

MR. BURT: Your Honor, that objection presumes that I'm going to go into the standard and I'm not. The only thing I'm want to ask the witness is whether he agrees with the statement which has been read to number other witnesses at Page 126 which says:

"For children between ages of three and six, total test scores might reasonably be considered valid for one year."

Then it goes on to talk about 6 through 16 and I think its directly responsive to a question the Court raised which is, where do you draw the line in terms of reliability

Denney - Cross/Burt

1 | in this course? And that's all I'm going into on this issue.

MR. McGOVERN: I don't want to answer his objection or his statement, your Honor, but that statement could have meaning in that context. Like, there may be a reason other than science, or influencing science, as to why the Social Security Administration may look at test scores for children

To go and bring in this extraneous source to counter the expert's testimony does not appear to be relevant to the matter before the Court.

in a different way, that's all the Government's objection is.

THE COURT: Well, I'd be more concerned if I had a jury here and had to decide a relevance question.

MR. McGOVERN: Sure.

THE COURT: I'm going to allow it. I'm going to allow the document to come in and the question to be asked, and Ill decide on whether its relevant later after I hear the answer.

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MR. BURT: Thank you.

THE COURT: You may ask your question.

MR. BURT: Thank you, your Honor.

BY MR. BURT:

Q Let me read the statement to you at the bottom of 125 of 126 in context and just ask you whether you agree with this.

25 It says:

"Therefore, during the infant and toddler years, when cognitive growth and development are most rapid and consequently least stable, total test scores should be obtained at the time they are to be used in diagnosis or disability determination. For children between the ages of three and six, total test scores might reasonably be considered valid for one year."

Do you agree with that statement?

- A Yes. If I may explain the way I understand it.
- 10 Q Absolutely.

A What that's saying is that that score is a valid reflection of that child's current functioning at the time. I agree with it given this interpretation, but that score is a valid reflection of the child's intellectual functioning at that time.

But because of potential malleability and change in a young brain, its possible that that score may not as solidly reflect a life-long type of status. And so, they say to really only rely on it for about three years.

What that means is not that we can't go back and rely on that now, it means that that score, that level of functioning, was only probably good for about three years.

But then in the record we've got additional testing afterwards that carries it beyond that first three years that then confirms that his general intellectual functioning has not

Denney - Cross/Burt

1 substantially changed from that.

And so, yes, if that was the only score, I think, as a provider at the time dealing with a child, you would want to get a new score because that one becomes somewhat stale and it could have changed. It may not have changed but could have changed. And in the record we actually have that for us, so it's not an issue.

- Q And the reason it could have changed has to do with cognitive growth, variability in cognitive growth and development; correct?
- 11 A Yes.

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- Q Its got nothing to do with policy determinations or anything like that has, it has to do with the brain
- 14 | functioning in that age group?
- 15 A Yes because it can change at the very -- more so even

 16 younger ages because you said here at three to six. As a

 17 child gets older, things start to solidify more and more and

 18 more so it is good to have follow-up testing.
- 19 Q It says thus administering -- well, the next sentence 20 says:
- "Among children and adolescents between the ages of and 16 total test scores should be considered valid for as long as three years."
- Do you agree with that?
- 25 A Yes.

Denney - Cross/Burt

1 Q For the same reasons?

A For the same issue. Again, there could potentially be — the younger you get more malleability there is. We're looking backwards, and its kind of odd, but as the child develops, his brain develops there is more chance for fluctuation in that process earlier on than later on, although you can always have external events that could change the functioning level and make follow-up important. In this instance, we've got

Q Right.

And then the last age group they deal with they say:
"For adults age 18 to 50 living in stable conditions

and with stable health, total test scores should be considered

Do you agree with that?

valid for as long as five years."

repeated assessments that show stability.

A I think to just rely on that, to agree with that without further context on the individual case would be wrong. So I can't say I wholeheartedly agree with that, I think its just as important or actually probably more important to look at the context of the individual case.

Q But, in general, you agree with me that the scores at age six and probably at age nine are not going to be valid as predictors of his I.Q. at age 18, correct, or predictors of his I.Q. in 2003 at the time of the crimes?

A No, I wouldn't agree with that.

- 1 Q You would or would not?
- 2 A I would not.
- 3 Q And the reason you wouldnt agree with that?
- 4 A I believe its a valid predictor with the caveat that its
- 5 | not going to be as precise as a measure much more proximal to
- 6 the time period we're thinking. It may be the same but it may
- 7 not be as precise.
- 8 Q Well, so you do disagree then with this statement when
- 9 they say, "Might reasonably can be considered valid for one
- 10 | year."
- 11 What does the term "valid" mean to you?
- 12 A I don't disagree with that. I mean, I guess it would
- depend on how you define valid. You asked me just a moment
- 14 ago, would it be useful for predicting and I would say, yes,
- 15 it is. But if you want to say if it doesn't stay at the exact
- 16 same number in the future, it would be invalid. I don't agree
- 17 | with that, I think that the score still stands on its own as a
- valid reflection of his functioning at that time.
- 19 Q His functioning at that time at age six. My question --
- 20 right?
- 21 A Yes.
- 22 O My question is, is it a valid reflection of his
- 23 functioning in 2003?
- 24 A In this case, yes, it is because we have follow-up
- 25 testing that confirms that.

Denney - Cross/Burt

1 Q All right.

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2 But in and of itself, it is not a valid indicator.

3 Well talk about the subsequent testing, but if you just had

4 that score, the first score, you would agree that it would not

be a valid indication of his functioning in 2003 because of

the early age at which that test was given; correct?

7 A Well, when you narrow it down with that type of focus I

don't know if I would agree then that it would be not a valid

reflection. I mean, it could be. It depends on the case to

depends on the context.

11 Q Why do you think they give triennial evaluations to kids

12 in Special Ed.

13 A Because they are specifically trying to help these kids

14 and they want to try to see if they can document improvements

in their functioning particularly related to achievement

16 issues. Its very important.

17 Q Isnt one of the reasons because you, per this

18 recommendation, youre not going to have a valid score after a

19 couple of years. You've got to keep retesting to get a valid

score.

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21 If youre trying to assess someone's intellectual

22 functioning at any given point in time, you want to look at a

score around that time, do you not?

A I've got to parse out your question, you have several

25 different clauses in there.

Denney - Cross/Burt

1 If you want -- the best I.Q. score is the one you 2 can get now. I mean, that's going to be the best one. 3 Generally speaking, all things else considered being equal. 4 In other words, if youre trying to assess someone's 5 intellectual functioning today, the best score you can get is 6 the one you take today; right? 7 Yes, I think its stands to pretty obvious reason. 8 Okay. 9 So the question is, can you take a score at age six 10 and use it as a valid predictor of what his I.Q. score would 11 be in 2003? 12 I would say you can use it as a valid predictor. 13 barring other intervening events, cars accidents, you know, 14 whatever that may have changed the person's functioning. Barring that, I think you can use it as a valid predictor of a 15 16 general level to say that its going to be the exact same 17 number, no, I wouldnt go that far. But I that I its a valid 18 predictor of general level of functioning. 19 And what would the error rate be when youre considering 20 scores that far apart? In other words, if you just had that 21 one score that was in '89, I believe, and you were trying to 22 February out his intellectual functioning in 2003, what error 23 rate would you given distance 2003 those two scores? 24 MR. McGOVERN: Objection, relevance.

That's not the case here, right? I mean, we have

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A I'm not sure I understand what youre trying to -- what youre getting at in the question.

Q Okay, let me ask it again.

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Do you agree with the statement, "That for children between the ages of three and six, total test scores might reasonably be considered valid for one year."

- 1 A Again, if youre looking back on it, its valid for that
- 2 time. If we were there at the time and wondering how good is
- 3 this score going to last us before we need to get another one,
- 4 I think its reasonable to get another one within a year or
- 5 two. Sure, I think that's fair. But then to say that its
- 6 completely invalid I think it s an overstatement, that's all.
- 7 Q All right. So you disagree with it to the extent they're
- 8 saying that its not valid after a year?
- 9 MR. McGOVERN: Objection. He's explained his view
- 10 is on the subject.
- 11 THE COURT: That's sustained. Let's move on.
- 12 Q You said, well, in this case you don't have just a single
- 13 score, you have all these other scores; correct?
- 14 A Yes.
- 15 Q And for you that means that you can take those subsequent
- 16 scores into account and then look at all of the scores, and
- 17 | you wouldnt draw a red line anywhere in the list of scores and
- 18 say scores at age six or age nine are not valid you'd want to
- 19 look at all of them; right?
- 20 A I think it would be foolish not to look at all of them.
- 21 Q In your report, this is at Page 44. You said, "The
- 22 overall consistency of intellectual tests, test finds," I
- 23 think you meant findings, as striking.
- Do you see that?
- 25 A Yes. And that is correct, it should be findings.

1 You say two assessments particularly stand out for 2 different reasons. The first evaluation is striking because 3 it is the first time Mr. Wilson was exposed to any type of 4 intellectual assessment; therefore, it is free of possible 5 retesting effects for some of the performance retests -- some 6 of the performance subtests. Right? 7 Α Yes. 8 So there youre focused on the score at age six and youre 9 saying that is a significant score because you don't need to worry about what effect practice effects is having on 10 11 elevating that performance score; right? 12 Yes. 13 And, yet, you told me a minute ago that the early score 14 is something that is still valid because you have the 15 subsequent scores, and that's why the early score is important 16 to you. 17 Do you see a contradiction there? 18 I don't. Α 19 Okay. 20 Now, the later scores, the possible retest effects 21 of some of the performance subtests. There youre referring to 22 the effect that practice, repeated practice, can have on

elevating the performance aspect of the test; right? Well, particularly. I mean, the second one, two years later because its not as novel to him as it was the first

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- 1 time. That's what I'm really focusing on in my mind when I'm
- 2 writing this.
- 3 Q And youre not focusing on what we talked about yesterday,
- 4 progressive error; that is, giving it to him eight or nine
- 5 times?
- 6 A Right. I'm not sure that there's solid data showing that
- 7 there is an ongoing effect of progressive error.
- 8 You mentioned Kaufman, and from what I can recall
- 9 reading that error or that retest effects typically fall away
- 10 after the second administration because of the novelty has
- 11 worn off.
- 12 Q That's a little different than what you said yesterday;
- 13 right?
- 14 A I'm sorry.
- 15 Q Yesterday, you were agreeing that there was progressive
- 16 error, and today your position is, well, we're not so sure
- 17 there is such a thing.
- 18 A No, I was agreeing that Dr. Kaufman describes this notion
- of progressive error that could potentially get into it, and I
- 20 agree that that's potentially a situation. And I'm not saying
- 21 that it is because I don't think we have any data that
- demonstrates that as a scientific fact.
- 23 Q Okay.
- Does it make sense to you that the general concept
- of practice effects is that you were going to -- if youre not

- going to learn the specific items, novelty of it is going it
 wear off.
- 3 Does that make sense to you?
- 4 A Oh, I agree. Yes, I agree the novelty will wear off and
- 5 that will wear off in pretty short order. I mean, to say the
- 6 novelty gradually wore off over several years I don't think
- 7 | that's what I'm saying. I think the novelty would wear off
- 8 rather quickly.
- 9 Q Rather quickly and I think yesterday you said seven years
- 10 | is what the literature showed?
- 11 A That's a different issue that's test/retest, okay. That
- 12 after seven years that practice effects typically falls away.
- 13 That's not what talking about here.
- 14 Q Yes, we are. We're talking about practice effects. I
- 15 thought you said yesterday the literature was seven, up to
- 16 | 13 years, youre still going to get a practice effect; right.
- 17 Didnt you say that?
- 18 A I'm sorry, I thought we were talking about Dr. Kaufman,
- 19 right? The notion of progressive error as is multiple
- 20 statements as opposed to just test/retest.
- 21 Q Right.
- 22 A And that test/retest is typically talking about one, two,
- 23 or three weeks time difference and not even one year. But the
- 24 research suggests that after about seven years its pretty much
- 25 fallen away.

1 Q Okay.

And the concept of practice effects, that is, that as you give the test more than once the novelty is going to wear off. Does it make sense to you, just common sense, that if you give the test eight times its even going to be less novel.

Is there any dispute about that?

A I don't know that that's -- I mean, its a reasonable hypothesis. I don't know if there's any data to show that's the case. It could be just simply of the novelty wears off and I think -- I mean, at least my recollection of what

12 Dr. Kaufman has written is that that novelty does wear off. I

mean, it doesn't really play as much of an effect later on.

Q And did you look a Duke Stability Study that he cites in his book?

A No, I did not.

Q Do you have any literature to suggest that he's wrong when he says that as you give the test more and more times youre going to get greater and greater progressive error?

A Again, I said I don't believe that there's any data to tell us for sure one way or the other on that issue.

Q Other than what he cites; correct?

A Well, I don't know that he's citing progressive error. I think he's describing the concept, but I don't know that he's citing progressive error or the data showing progressive

I'm sorry, no, I don't. I'm still trying to find it.

0 Okay.

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Well, his data is what it is and you can't cite any data to contradict to, can you?

MR. McGOVERN: Objection to that, your Honor.

THE COURT: Sustained.

- 1 A Well, it can be a number of things. I mean, its been
- 2 hypothesized several things, a listing of things, is to cause
- 3 that change.
- 4 Q For instance, the properties of the test can be
- 5 different?
- 6 A Yes.
- 7 Q Right.
- 8 And are you familiar with the study that Dr. Shapiro
- 9 cited the Vance Study which found that the WISC-III has
- 10 typically produced a five- to eight-point lower than the
- 11 WISC-R on most special education populations?
- 12 A Yes, I see that.
- 13 Q Do you agree with that? That that's what the data shows?
- 14 A Yes. I don't disagree that it can show that.
- 15 Q And that's the pattern they've shown in this case. He
- 16 got a higher WAIS-R than I got a WAIS-III score?
- MR. McGOVERN: I object to this, your Honor. This
- 18 is excerpting articles that are part of a PowerPoint that
- 19 Dr. Shapiro never really actually got through.
- Now, look, it was offered in evidence and we said,
- 21 sure, you want to put it in evidence, put it in evidence. But
- 22 Dr. Shapiro didnt actually testify to, as best my recollection
- during his testimony. So now what we have is bits and pieces
- 24 of an article, right? This isnt even -- we got like, for
- 25 instance, we have all of Kaufman's book here in evidence.

- 1 Now, we have bits and pieces of an article that are being
- 2 pulled out and being presented this witness as if Dr. Shapiro
- 3 has validated this information and I just don't think its fair
- 4 cross-examination.
- 5 MR. BURT: The article is in evidence, I believe, in
- 6 Dr. Shapiro's binders, and its not bits and pieces. If he
- 7 | wants to disagree with the quote along the lines of what
- 8 | counsel is suggesting he's certainly free to do that.
- 9 THE COURT: Why don't you ask him if he's familiar
- 10 | with the article.
- 11 BY MR. BURT:
- 12 Q Are you familiar with this article by Dr. Vance?
- 13 A That specific one, no.
- 14 Q Do you agree that in general the literature that the
- 15 WISC-III typically produce a five- to eight-point lower score
- 16 than a WISC-R?
- 17 A I know that it tends to decrease it to some small amount.
- 18 I don't recall it going up to five to eight I.Q. points.
- 19 Q And do we know why it decreases it?
- In other words, its not because its got nothing to
- 21 do with the person being tested, right?
- Its got something to do with the test construction?
- 23 A Likely, the way the test is constructed and the
- 24 way -- yes, I suspect so.
- 25 Q That's well known in the literature, right? There's lots

- 1 of studies in which they take an older instrument and then
- 2 compare it to the results on a newer instrument?
- 3 A Yes.
- 4 Q And what, in general, is the pattern you see in those
- 5 studies?
- 6 A Generally speaking, you see a little bit of a decrease.
- 7 Q Decrease?
- 8 A Yes.
- 9 Q And can you explain to me why you get a decrease as you
- 10 go from one instrument to the next?
- 11 A Well, it can be a variety of reasons. It could be
- 12 different ways the test is standardized. It could be changes
- in the subtests. It could be changes in the ways the items
- 14 are scored or various things. And, of course, one option to
- 15 | consider is what has been termed the "Flynn effect."
- 16 Q The Flynn effect?
- 17 A Yes, sir.
- 18 Q Now, the test that you gave is much different than all of
- 19 the other WAISs that were given in this case; correct, in
- 20 terms of its basic -- the way its set up?
- 21 A I don't necessarily agree with that characterization, no.
- Q Well, all -- the WISC-R, the WISC-III, the WAIS-III all
- have verbal and performance I.Q.s; correct?
- 24 A Yes.
- 25 Q The WISC-IV that you gave does not; is that true?

- 1 A I didn't give the WISC-IV.
- 2 Q Not the WISC-IV, the WAIS-IV?
- 3 A The WAIS-IV. The difference is, and let me clarify, yes,
- 4 | correct, the labels have changed because they're getting at
- 5 | the construct slightly differently. Although that construct,
- 6 the way its measured on the WAIS-IV, is also present in the
- 7 WAIS-III. Its just there are four different constructs within
- 8 the test that are then combined into two global measures of
- 9 the I.Q. and the PIQ in the case of the WAIS-III. And in the
- 10 WAIS-IV, it separates that out a little bit and renames them.
- 11 But for all practical purposes it's measuring the bulk of the
- 12 same construct.
- 13 Q What literature do you have that substantiates that
- 14 statement that you just made, that its the same construct.
- 15 A There are factor analytic studies in the WAIS-IV manual
- 16 that demonstrate that fact as well as a follow-up study, oh,
- 17 | the authors Millis, Larrabee.
- Its a factor analytic confirmation of the WAIS-IV, I
- 19 can't remember all the authors' names. But it verified that
- 20 the factor analytic construct of the WAIS-IV actually matches
- 21 the factors of the WAIS-III.
- 22 O So other than the Manufacturers Study, you know of only
- one other study that says that the factors are the same?
- 24 A Off the top of my head.
- 25 Q Okay.

- feature of many forms of brain injury, the WAIS-IV should be expected to yield fewer full-scale I.Q. scores of 70 or below in neurological populations compared to its predecessor?
- A I believe that that's what they're saying but I don't believe that that's been borne out in the research.
- Q And do you agree with their statement in that article that it has not yet been demonstrated as of 2010 when that

- 1 | article was written that the performance of verbal of the
- 2 earlier tests are the same what's being measured in the
- 3 WAIS-IV, that its too premature to say that?
- 4 A I don't think it is too premature to say that at this
- 5 point.
- 6 Q In general, do the studies in the WAIS-IV, that have been
- 7 knows as the WAIS-IV. Also show a difference when you test
- 8 for the WAIS-III and the WAIS-IV?
- 9 A Difference in what?
- 10 Q Difference in scores.
- 11 A There are slight decreases in the overall summaries
- 12 scores.
- 13 Q And do we know why those changes take place?
- 14 A Again, for the same likely reasons we mentioned earlier.
- 15 Q Now, you looked at all the scores in your -- that were
- 16 given to Mr. Wilson; correct?
- 17 A Yes.
- 18 Q And when you did testing of Mr. Wilson you believed he
- 19 was using his best efforts?
- 20 A Yes. I think he was applying himself reasonably well
- 21 with me.
- 22 Q And you don't think there's any indication, for example,
- 23 in Dr. Drobb's score that he was trying to underestimate his
- 24 abilities. At least you didnt mention anything in your
- 25 report?

much weight on that in and of itself.

A I did not mention anything in my report. Subsequent from that time, I realized that his finger tapping scores were strikingly low which raises some concern for me that he may not have been applying himself as best he could in the motor-speeded areas. But I wouldnt want to put too terribly

I think his verbal list learning -- I also subsequently learned about the list learning that was done during the PET Scan and that difference raises some concerns be some because that would suggest that his verbal learning wasnt up to speed with Dr. Drobb as much as it should have been.

So, I would have to say since writing my report I have learned some things that now give me some pause in terms of whether or not Dr. Drobb's data actually reflects

Mr. Wilson's best effort.

17 Q I see.

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What was the full-scale I.Q. that Dr. Drobb obtained?

- A I have it listed here in my report as 76.
- 21 Q Seventy-six.

Did Mr. Wilson, on any of the scores that he took,

get in the low 60s on either verbal performance or full-scale

24 I.Q.?

25 A No.

But I don't know that that great percentage of cases where I've concluded that they were malingering.

Well, in every case where you testified for the Government you pretty much uniformly said, we can go through the transcripts if you'd like, that the client is malingering.

You said in -- is it Northington; right?

Yes, in Northington.

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And you said it in a lot of other cases where you've testified, isnt that true?

- 1 A Over 20-something years there have been a number of them.
- 2 But there's been a number of cases where I said the individual
- 3 was not malingering as well.
- 4 Q For instance, in this case, you didnt say that Mr. Wilson
- 5 | was malingering until just now when you suggested that, well,
- 6 maybe there's some concerns about the score with Dr. Drobb?
- 7 A I didn't say Mr. Wilson was malingering. I said there's
- 8 some concern that those scores reflect his best ability.
- 9 That's not malingering, that's just not full effort. I'm not
- 10 saying that he was malingering and I wouldnt go so far to say
- 11 that. I just said that it gives me some pause.
- 12 Q You studied that issue; right? Written about it and
- 13 studied it?
- 14 A Yes.
- 15 Q And your testimony in the Northington case was that the
- 16 studies show that when people simulate low I.Q. or mental
- 17 retardation that they produce I.Q. scores in the low 60s?
- 18 A Most commonly it falls within that range, yes.
- 19 Q When you reviewed the literature on that, and you say
- 20 that when somebody simulates intellectual deficiency, in
- 21 essence, they drop their scores down into the low 60s and the
- 22 range falls, the ranges fall in that range. That's what
- 23 you've testified to; right?
- 24 THE COURT: Can I have a citation to a page, a date?
- MR. BURT: Yes, Your Honor.

here's why.

- 20 educational testing that don't say don't use aged norms?
- A I believe the standard is they don't use out outdated tests.
- 23 O Don't use outdated...
- 24 This is Page 51 of the Standards For Educational and 25 Psychological Testing. "The appropriateness of norms based on

- 1 | a given sample may diminish over time; thus, for tasks that
- 2 have been in use for a number of years, periodic review is
- 3 generally required to assure the continued utility of norms.
- 4 Renorming may be required to maintain the validity of norm
- 5 reference test score interpretations."
- 6 That's what it says; right?
- 7 A Yes. In context of that book, its saying, use the tests
- 8 that are available to you that have been the most recent
- 9 norms.
- 10 Q And you provided the article that the Government marked,
- 11 | that Hagen article, to them?
- 12 A Yes.
- 13 Q However, you also, when you gave them that article, said
- 14 that there were articles on the other side controverting what
- 15 Hagen was saying; correct?
- 16 A Oh, yes. The issue is an unsettled one at this point in
- my opinion.
- 18 Q In your opinion?
- 19 A Yes.
- 20 Q Right.
- 21 And you also told the Government that you thought
- 22 that there were reasonable objections from both sides?
- 23 A Yes.
- 24 Q Right.
- 25 And one of the articles contradicting that Hagen

- 1 | article is published in evidence as Exhibit I, Dr. Fletcher's
- 2 | article, "I.Q. Scores Should Be Corrected For the Flynn Effect
- 3 in High Stakes Decisions."
- 4 A Yes.
- 5 Q You've read that and considered it; right?
- 6 A Yes.
- 7 Q And one of the things, and they specifically respond to
- 8 Hagen's article, don't they?
- 9 A I believe so.
- 10 Q They say, "Some argue that correcting for norms
- 11 obsolescence is not a standard of practice." Citing Hagen
- 12 2008 and 2010.
- 13 "However standards of practice are set by consensus
- 14 reports written by experts. The most prominent guideline for
- 15 the assessment of ID represent the 11th edition of the Manual
- 16 For Diagnosis by the American Association of Intellectual and
- 17 Developmental Disabilities not cited by Hagen.
- 18 Since 2002, this manual has explicitly recommended
- 19 | correcting I.Q. scores for norms obsolescence with other
- 20 researchers agreeing." And they cite all the other
- 21 researchers agreeing.
- Do you disagree with that analysis?
- 23 A I don't disagree with the analysis, I disagree with the
- 24 overarching inclusion of it at this point. There is more to
- 25 my concern about the application of the Flynn effect than

1 whether or not its customary or standard and practice at this

2 point.

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3 Q For instance, you use tests in your practice that if you

4 went by a strict nose count of other people in the field,

there might not be a majority of people using a particular

instrument that you use; right?

A Yes, that's very possible.

8 Q So that doesn't mean that the instrument youre using or

9 the whatever technique youre using is invalid, does it?

10 A Well, I mean, that's a different issue, isnt it, than

11 what we're talking about now.

12 Q In your field in neuropsychology, do you decide the

validity of a test or a procedure or methodology by taking a

public opinion poll?

15 A No, by looking at the data and what the research findings

16 suggest.

17 Q Is there any dispute that the Flynn effect is real. Does

18 everybody on both sides agree that its a real phenomenon?

19 A I don't think there is much doubt that its a phenomenon

that there are findings in the data that have gone back for

21 many years showing there's these trends in the data.

The concern I have about applying the Flynn effect

23 in a particular individual case is that while there's data

showing that the I.Q. points will go up a certain fraction

25 over time, if you were to slice that particular group, even

slicing different I.Q. bands out. And this was, I thought,

even displayed pretty well in the Tzou, Tsu, and Weiss paper.

3 All the individuals in that group, the mean has gone 4 up by the incremental amount but the spread of scores is wide 5 and about 25 percent of them actually don't go down, they go 6 down. And so, to apply a mean adjustment to a particular 7 individual case, in my opinion is problematic, and off the top 8 of my head I could think of other individuals who agree with 9 that. Robert Sternberg said the Flynn effect appears to apply 10 in the aggregate but it's extremely difficult to apply in an

Q Yes. And that argument has been made in courts -- and did you read the Davis opinion?

MR. McGOVERN: Objection.

individual case. That's my concern.

15 THE WITNESS: No.

16 THE COURT: Sustained.

Q Now, did you reference the Tzou article that's in evidence as Exhibit J?

19 A Tzou, Tzu, and Weiss?

Yes?

21 A Yes.

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Q What they showed in that article was the Flynn effect

23 actually increased more than the .33 adjustment that was made

24 in this case for the 80 to 89 and lower I.Q. groups; right?

25 A Again, it varied by I.Q. range.

Denney - Cross/Burt

1 Q Yes.

A And I said, yes, the overall mean effect increased, but when you looked at the spread of scores, a mean is a measure of central tendency. There's also measures of score dispersion, how far the scores go out. And when you look at the individual I.Q. bands that they're highlighting there I think its informative because you see the mean increment increase in the I.Q. score. But the standard deviation is much larger than that mean increase. In other words, the variability is much larger than the change in the mean which, to me, raises some concerns about the utility of the data.

So I just simply have some concerns, I don't disagree that there is a Flynn effect, I agree there is. At this point I think its just not immature, excuse me, its premature to start applying it across the board and then to carry it further and say, well, okay we're not going to apply it across the board but we're only going to apply it in forensic cases that just troubles me.

Q Okay.

Although it troubles you that what they recommend in the Tzou article is early indications appear to favor slightly larger adjustments in the lower range of scores where high stakes legal evaluations are most likely to occur. That's their recommendation?

That's their recommendation based on their set of data.

- 1 Q Right. And their set of data shows that the I.Q. gains
- 2 | in the 80 to 89 and below range are greater than .40 per year;
- 3 right?
- 4 A Yes. Their data, which is an interesting point, because
- 5 the data over the years have shown a wide variation in the
- 6 amount of the Flynn effect. And even Flynn's own
- 7 recommendation of .3, his basis as a conglomerate or average
- 8 of those that's correct.
- 9 Q And their point is, lets not disregard the Flynn effect,
- 10 lets be more precise of where those effects really matter,
- 11 right, in what I.Q. ranges do they matter?
- 12 A And that's an excellent observation and we need to see if
- 13 that is borne out with follow-up studies and we need to
- 14 | solidify this area of scientific investigation before we start
- 15 jumping out and applying it to individual cases. That's the
- 16 only argument I have.
- 17 Q And, as you said, the other arguments on the other side
- 18 | are equally reasonably; correct?
- 19 A Well, we could debate it. Is it equally reasonable?
- 20 There are reasonable minds that are differing in this
- 21 situation.
- 22 THE COURT: Okay.
- 23 Q Your conclusion which you told the prosecutors was you
- see reasonable arguments on both sides?
- 25 A Yes, regarding the Flynn effect.

1 Q And regardless of these debates in the literature, the

2 best practice of standard is set forth in the Green Book is

3 that you do make the adjustment; correct, is there any dispute

4 about that?

5 A There is no dispute about the Green Book saying you

6 should use that. I do have some disputes as to suggesting

7 | that everything that is said in the Green Book is what should

be done. However, I agree with you the Green Book says to use

that adjustment.

10 Q Okay.

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11 Are you familiar with the Cunningham and Vaughn

12 Recommendations For Forensic Practice in the Journal of

13 Psychiatry and Law 2009?

14 That's in Exhibit A, I'm sorry, Exhibit B?

A Yes, I am vaguely familiar with it.

Q Okay.

And what they say is at, Page 151, "The recognizing

18 that there is debate among forensic practitioners regarding

19 this issues, as well as inconsistent court rulings, we believe

20 that the Flynn effect has gained sufficient scientific

21 acceptance that this factor should be described in Atkins

22 assessments, and that Flynn corrected I.Q. scores including

23 the 2.34 adjustment of WAIS-III full-scale I.Q. should be

reported in addition to observed scores.

This recommendation is consistent with providing the

Court scientific perspectives that would facilitate a more complete understanding of I.Q. scores."

Do you disagree with this recommendation?

MR. McGOVERN: I'm going to object to this, your Honor. Mark Cunningham, who is one of the authors of this article, would have been available to the defense. I am not even -- I may actually have read something that they -- I don't even know if he testified in the sentencing in this last -- he may have testified at the sentencing of this last -- in the case but he was certainly noticed as a potential witness for the defense back then.

MR. BURT: Your Honor, this article is in evidence, so I'm not sure what the objection is at this point. I'm just asking whether this expert agrees with this recommendation.

MR. McGOVERN: All right. Well, then the objection is having this expert in forensic and clinical psychology testify as to the applicability of the Flynn effect as a legal matter is inappropriate.

THE COURT: Yes, I think that I would agree with that. This was about its application to an Atkins proceeding or decision in an Atkins case. His view is his view and I will take it into account as part of the record.

Thank you.

MR. BURT: Thank you. That's all I have.

THE COURT: Thank you.

Case 1	2005
	Denney - Cross/Burt
1	Redirect?
2	MR. BURT: We would move Exhibit U into evidence.
3	Your Honor, there is one thing I neglected, if I
4	could.
5	THE COURT: Okay. Any objection to Exhibit U?
6	MR. McGOVERN: U, the Social Security Administration
7	stuff.
8	THE COURT: Yes.
9	MR. McGOVERN: No objection.
10	THE COURT: All right. Exhibit U is received in
11	evidence without objection.
12	(Defendant's Exhibit U was marked in evidence as of
13	this date.)
14	BY MR. BURT:
15	Q During your course of involvement in this case you
16	brought a number of articles to the Government's attention.
17	Attention in the course of preparing to testify here; correct?
18	A Yes. I've spent over 260 hours providing consultation in
19	this course trying to help educate the attorneys on this very
20	technical area.
21	Q And was one of the articles that you brought to their
22	attention, and something they should read, an article by Ollie
23	Seay called "Evaluating Mental Retardation For Forensic
24	Purposes"?
25	MR. McGOVERN: I'm going to object to this line.

1 The reason is its because he's now going to attempt to draw 2 conclusions out of articles that were sent. But one thing I 3 think is actually even more material to this objection is the 4 fact that Mr. Burt is using e-mails that the Government 5 produced to him pursuant to 26.2 now to cross-examine a 6 witness; and, to date, the Government has received absolutely 7 zero e-mail contacts between Mr. Burt, the defense team, and 8 his experts. 9 Now, I know we raised this awhile ago but I find it 10 absolutely fascinating that he has no such e-mail contact with 11 his witnesses, especially since he fought it so hard at the 12 beginning of this case to not have to produce it. 13 THE COURT: I don't know what the objection is. 14 What's the objection? 15 MR. McGOVERN: Improper cross-examination based on 16 the fact that he's just going to take articles that were 17 attached to e-mails and use them to cross-examine the witness. 18 THE COURT: Well, I'm going to overrule the 19 objection. You can ask your question. I don't know what 20 relevance this has but maybe Ill find out. 21 MR. BURT: Your Honor, can I approach the witness? 22 THE COURT: Yes, you may. 23 (Approaching the witness.) 24 Showing you what I've premarked as Exhibit V?

THE COURT: V as in victory?

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Yes, but I can't place an exact time on it but its

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Denney - Cross/Burt

- 1 something like that.
- 2 Q So how much total time you think you spent interviewing
- 3 Mr. Wilson as opposed to just giving him the tests?
- 4 A Keep in mind that just giving him the test we're
- 5 interacting and we're discussing issues as we go throughout
- 6 the whole process. Its not just silence in between tests --
- 7 Q Right?
- 8 A -- we're interacting and doing things like that. I'm
- 9 seeing his behavior over an extent tended period of time. And
- 10 to answer your question, if I were to just parse out the time
- 11 | we were talking about other topics such as his history and how
- 12 he's doing and things like that. If you combine the two days
- 13 together, it might equal an hour and a half.
- 14 Q Hour and a half total?
- 15 A Yes, of just conversation about -- or clinical
- 16 interviewing, I should say.
- 17 Q And, in your practice, at least when you were working at
- 18 Springfield you had a lot of cases where you came into court
- 19 and you testified that you were able to give the Court the
- 20 benefit of your observation of the defendant over an extended
- 21 period of time; correct?
- 22 A That was nice.
- 23 Q Yeah. In other words, the court sends people out to
- 24 Springfield, they're typical there, what, 60, 90 days
- 25 sometimes longer?

A Usually 30 days. Most of the 18 U.S.C. Section 40, 1, 2 type studies 30 days for competency-related issues, 45 days

When the individuals were sent for competency restoration those individuals could stay there for, typically, three months, a 90-day period although it could be renewed if there was hope that they were progressing and could become competent.

- Q The point is, you have, in those situations, an extended period of time over which you could observe the client and compare his performance in custodial settings to what your testing shows?
- 13 A Yes, that's right.
- Q And one of your themes in all of your cases where you testified is that real-world functioning always trumps test scores?
- 17 A That's exactly; right.
- 18 Q Okay.

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for sanity.

So you like to look at how somebody is functioning and sort of compare that to what the test scores are, and if there's any discrepancy the functioning always trumps the scores?

A The context of that notion is when you have very, very poor test scores; and yet, you see a level of functioning not just in a hospital setting but also in daily life setting that

exceeds that very poor score, the real-world functioning is going to trump the psychological test results.

- 3 Q Okay.
- 4 A That's the context of it. I agree with that, yes.
- 5 Q And just in general, in this case, the real-world
- functioning is being looked at in the context of the
- 7 developmental period correct the period from birth to age 18?
- 8 A Well, in terms of onset for potential consideration of
- 9 intellectual deficient; however, the question of going to the
- 10 question of whether or not Mr. Wilson has intellectual
- 11 deficiency is broader in those years because you can see a
- 12 level of function that might be after 18 but also may be
- 13 inconsistent with having intellectual deficiency. So I
- wouldnt narrow the real-world functioning down to just the
- 15 first 18 years.
- 16 Q And in your adaptive functioning testing in this case, as
- 17 I understand it you were having the various informants focus
- on specific ages that you wanted to focus on; correct?
- 19 A Well, it wasnt specific ages that I wanted to focus on
- 20 necessarily. Again, we got to put this in context with what
- 21 they're trying to do in a retrospective review using normative
- 22 measures.
- We have to narrow down the recollections to a
- discrete period of time because we are then going to apply
- 25 norms for individuals, say, children, for example, of that

same age in order to get a better understanding of how that functioning at that time equates to the larger population.

Q Right.

time.

A So, yes, you have to do that. So it wasnt necessarily that I wanted to then focus on a particular age time, I would interview the individual and through that interview learn from them what period of time they had the most contact and their best recollection, and then I would focus on that period of

Q And so, you would say to them, for instance, I want you to tell me how Mr. Wilson was functioning, as an example, age 12 if that's a period of time youre focused on. And I want you to think about it what your recollection is way back when, whatever your period of time?

A Yes. And, again, that number 12 that you gave as an example is not a number that I would have inserted into the situation. It would have been after our conversation and the individual tells me what area appears to be the best and then we would discuss that and I would let them know the purpose is because we do have to go back in time and your recollections are needed to fill out this questionnaire or interview.

Q And you agree that just in general if you have contemporaneous records showing what a person's functioning is, and the records were compiled by people without any sort of connection to Mr. Wilson, that that's a much better source

- 1 Q This article that you provided says on the first page:
- 2 | "People with mental retardation are not a homogenous group.
- 3 They demonstrate tremendous variations and skills, abilities
- 4 and presentation. They may not have any overt appearance of
- 5 disability, and their cognitive difficulties may not be
- 6 detected until there is prolonged interaction with them.
- 7 Consequently, they may not be identified by law enforcement,
- 8 attorneys, or judges who, by and large, have little training
- 9 in recognizing mental disabilities."
- 10 Do you agree with that?
- 11 A Could you -- that sentence is where?
- 12 Q First page, second sentence.
- 13 A "Consequently, they may not be identified by law
- 14 enforcement, attorneys, or judges who, by and large, have
- 15 little training in recognizing mental disabilities." Yes, I
- 16 agree with that.
- 17 Q Okay. And do you think you had prolonged interaction
- 18 | with Mr. Wilson within the meaning of that sentence?
- 19 A I don't think that sentence is discussing me because I
- 20 think when you deal with mental health professionals, I think
- 21 it's a completely different situation.
- 22 THE COURT: That sentence is discussing the court,
- 23 | not the witness. We're not going -- I don't think that's --
- 24 we're not going in that direction.
- 25 MR. BURT: No, I --

admitted into evidence without objection.

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Denney - Redirect/McGovern

A Well, they clearly overlap. I mean, absence of best effort is a notion of when you're dealing with achievement type of tests, and I don't mean you use the word achievement to mean only reading, writing, and arithmetic, I mean tests that require effort to perform your best and then those scores reflect a presumed best ability.

Effort in that regard, research clearly shows that the lack of effort has a tremendous affect size; in other words, lack of effort will significantly change those scores inevitably to make it look worse than it really is by somebody not applying one's self to the task.

That goes back to the notion we have to be careful about what -- about how engaged somebody was in the testing process in order to engage -- or to gauge the validity of those results. So poor effort is one component in a larger analysis of whether or not an individual could potentially be malingering.

And, again, it gets real complicated because effort even is a bad term. But when we're talking about, say, neuropsychological testing or IQ testing, effort is a reasonable term. A person could intentionally perform lower than their best ability for a secondary gain and that would be defined as malingering. How bad is bad enough to warrant the diagnosis of malingering? That's a judgment call.

Okay. And yesterday afternoon Mr. Burt took you through

Denney - Redirect/McGovern

- 1 | the series of the three domains that are mentioned in the
- 2 AAIDD book about the diagnosis of mental retardation as it
- 3 | relates to adaptive functioning. Do you remember that?
- 4 A Yes.
- 5 Q And he also took you through the individual areas of
- 6 adaptive functioning that are referenced by the DSM and the
- 7 AAIDD. Do you remember that?
- 8 A Yes.
- 9 Q And you -- he asked you a series of questions, in which
- 10 in his review of each one of those functioning areas, whether
- 11 the defendant had deficits in those areas. Do you remember
- 12 | that testimony?
- 13 A Yes, I do.
- 14 Q And you testified, I believe, that the defendant had
- 15 evidence of deficits in a couple of those areas, perhaps it
- 16 was a, communication, functional academics and perhaps some
- 17 others. Do you remember that?
- 18 A Yes, I do.
- 19 Q Well, given that testimony about the existence of
- 20 evidence of a deficit in individual domains or individual
- 21 functioning areas, does that change your opinion about whether
- 22 he is mentally retarded or not?
- 23 A No. An individual can have difficulties in a number of
- 24 these areas and not necessarily be mentally retarded. For
- 25 example, in Mr. Wilson's case, functional academics for

Denney - Redirect/McGovern

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example, well, the record clearly shows he's had a pretty significant verbally mediated learning disability from the beginning, or at least certainly from the earliest records we have, and that carried on through his academic career to a large degree, although I think he has improved in that regard quite a bit.

So having a low area there could be considered a deficit, although I think it's more relevant for his earlier years than it is when he was older because he seems to have outgrown that or certainly learned to compensate for it. Well, is the word deficit a term that's used throughout a variety of areas of diagnoses of mental health problems? Yes, deficit is a term that is very broad. It can be a lack of ability or a decreased level of ability due to any number of causes. It -- for example, a person could have a deficit in learning or memory that is a direct result of a traumatic brain injury. That deficit may be significantly impairing for the person or it may not be. It depends on how one views the deficit and how much it impacts other cognitive functioning. And the term deficit is even somewhat broad because well, somebody who is functioning in the reasonably good range and yet they have a learning and memory score that is in the, you know, mildly impaired range, that would be considered a deficit. It doesn't necessarily mean that they

have absolutely no ability in that area.

Denney - Redirect/McGovern

Q So in the testimony that you were providing to Mr. Burt yesterday afternoon on this topic, were you seeking to communicate to the parties and to the court that Mr. Wilson had deficits that would be indicative of the existence of mild mental retardation or some other form of mental retardation?

A No, I hope I didn't communicate that. That's not my intent. I believe what we see in his life is that he has significant difficulties from a learning disability that affected his communication, when he was at a young age more so. I don't think he's got communication deficits as a teen and up to 18, I don't think that's the case. And it affects functional academics for a broader range, but that's the learning disability.

The social difficulties, I think at an early age I would call that a deficit. But as he grew -- as he got older, it clearly started to display itself in what would be termed a conduct disorder and at that point I think that his misbehavior really is more willful and I wouldn't want to cover that in the term of he has deficits in social interaction because he willfully violates the rights of other people. I don't -- I don't want to communicate that.

 $$\operatorname{MR}.$ McGOVERN: All right, I have no other questions. Thank you, Doctor.

THE COURT: Anything else?

MR. BURT: Yes.

Denney - Recross/Burt

1 RECROSS-EXAMINATION

2 BY MR. BURT:

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Just to clarify that last point, what you told me yesterday was you believed he had the deficits but you disagreed with the green book that you can't consider the second second

disagreed with the green book that you can't consider the

6 cause of those deficits. Is that still your position?

7 A Well, when I was saying that, I was thinking of him at an

8 early age. I don't think that that's -- again, parsing out --

9 look, he's got these deficits, but the green book says that

10 you totally disregard the cause of those deficits in your

11 analysis regarding intellectual disability. I disagree with

12 that. I think you need to take that into consideration.

13 Q Okay. So it's not -- you're not saying he doesn't have

the deficits in the developmental period, you're just saying

in your view you need to rule out other causes before you

16 attribute it to intellectually disability?

17 A Well, I would actually go back to what I said in court,

basically is that up to the time -- by the time he was 18,

19 I -- it was -- it's my opinion that he did not have

20 significant deficits in adaptive function-based upon the

21 information I reviewed. He had worse -- he had worse

22 functioning at lower ages but he outgrew much of that.

23 My report, I think, is pretty clear in saying that

it is my opinion is that he does not have significant adaptive

25 function deficits now or prior to 18. I mean, prior to just

Denney - Recross/Burt

- 1 before 18, during his recent teenage years.
- 2 Q So, I'm hearing a little something different now, which
- 3 | is not -- yesterday I thought you said he had the deficits but
- 4 they can be attributed to another cause and therefore they
- 5 don't count in intellectual disability. Now I hear you saying
- 6 he didn't have the deficits at all, except real early on.
- 7 A I'm --
- 8 Q Is that what you're saying?
- 9 A I'm sorry I'm not communicating very well.
- 10 Q Is that what you're saying now, is what I'm asking?
- 11 A What I am saying is that those areas of deficit that we
- 12 referenced are more pronounced at earlier ages. And at a
- certain point, I don't know exactly when, but it gradually
- 14 changed to the point where his adaptive functioning is still
- 15 | weak in some areas, but I don't know that I would call it a
- deficit, at the time we get up into the 18 year stages that I
- 17 referenced in my adaptive functioning analysis.
- 18 Q Are you saying that at age 18 he didn't have deficits in
- 19 functional academics?
- 20 A Well, his academics, particularly as he came out of
- 21 Brookwood, he was still weak and still significantly behind.
- 22 Q Right.
- 23 A But to use the term deficit to suggest he has got total
- 24 | inability in this area, which is really what more -- I'm still
- 25 not articulating very well.

Denney - Recross/Burt

1 He had residual signs of a learning disability at 2 that point. He was delayed in his academic skills largely 3 because of his lack of willingness to apply himself throughout 4 school. I don't think that that is directly tied to the 5 notion of having subaverage -- well, extreme -- significantly 6 subaverage intellectual functioning. I think that it is 7 getting closer to a range of low average borderline 8 functioning which by definition is slower -- would be -- would 9 result in slower academic functioning than what you would 10 expect. 11 Is what you just said, that you think his deficits in 12 academic functioning from about age six up to age 18 were 13 willful? 14 Α No. 15 You're not saying that? 16 No. I was talking about adaptive function in general. 17 And you think from age 18 -- the records that show 18 18 down to when he was born he didn't have social deficits in the 19 social domain, as you described yesterday. 20 Well, now we're -- are we talking about academic or are 21 we talking about social? 22 We're talking about social. Because yesterday I thought 23 you were real clear that he had deficits in functional 24 academics and the second category in the DSM was, I forget the 25 exact phrase, in social -- social adjustment.

Denney - Recross/Burt

- A And I think I did say that and I'm afraid that I may have miscommunicated what I was really thinking.
- 3 Q Okay.

A Because what I'm really talking about is in my mind, I'm talking earlier ages. And if you were to look now, yes, as he aged, you see a clear indication that his behavior -- his maladaptive behaviors became more willful and more willful. I

think that we then have an indication of conduct disorder.

I don't think it's -- would be appropriate to say a person's maladaptive behavior in a sense of criminality is a result of his intellectual -- is a result of intellectual deficiency.

- Q Right, we're back then to the causation?
- A Yeah, I think they're separate issues. I would say this is a young man who had a learning disability who also had a significant conduct disorder which turned -- progressively turned to a maladaptive pattern of interacting with others that constitutes what we would now call personality disorder.
- Q Right. So the social interpersonal skills was the second one that you had identified that he had deficits in. And what you're now saying is that those social interpersonal skill deficits were caused at some point in his development morphed into a causation by conduct disorder and because they were caused by conduct disorder, you can't have them attributed to intellectual disability?

Denney - Recross/Burt

maladaptive environment.

A No, not that they're caused by conduct disorder. Conduct disorder is simply a label describing willful behaviors. It's hard to say that a child at a very young age, particularly in an environment in which Mr. Wilson was raised, was highlighting a lot of intentional willful misconduct at an early age. I mean, there was misconduct, don't get me wrong. But at some point you have to attribute that to the

But eventually the child gets to the point where the child has got to stand on his own two feet and make decisions. And in Mr. Wilson's case, I believe that then became clearly reflective of a conduct disorder. That is a willful choice.

And I don't think it's fair to say that a willful choice of a misconduct would be considered a deficit in social interaction, because a deficit indicates that a person doesn't have the ability to behave the certain way if they don't choose to.

Q I see. So what you're now doing is saying, well, you look at the deficits and you, as an expert, discern whether he's acting willfully or not, mental state of willfulness, and if you decide he's acting willful, then the deficit doesn't count as an adaptive deficit for intellectual disability.

Right?

A Well, I think that's too simplistic to parse it down that fine.

Denney - Recross/Burt

- 1 Q Isn't that what you're saying?
- 2 A I don't -- I don't mean to say it that way necessarily.
- 3 Q Well, is there any support for using that technique in
- 4 any of these books?
- 5 A I mean, if that were the case, anybody that has a
- 6 criminal behavior and whose IQ could be low enough to where
- 7 somebody could use a 99 confidence interval or disregard any
- 8 bright line on IQ could consider half the people that I've
- 9 worked with in 20 years to be mentally retarded simply because
- 10 | they've got maladaptive behavior that is criminal in nature
- 11 and their IQ falls down to the low average to high borderline
- 12 range. I don't think that's a fair characterization of it.
- 13 Q If the scores qualify and the adaptive behavior is
- 14 | there -- adaptive deficits are there and the deficits occurred
- 15 before 18, that's what the diagnosis requires. Right?
- 16 A If you were to take AAIDD at its black and white face
- value in what it's suggesting, that's what it would say, yes.
- 18 Q Okay.
- MR. BURT: Okay, that's all I have. Thanks.
- MR. McGOVERN: No other questions.
- 21 THE COURT: All right. Witness is excused. You may
- 22 stand down.
- MS. COHEN: Your Honor, we have -- is it possible to
- 24 take our break now or is it too early? I can wait if we -- if
- 25 you prefer.

Case 1	::04 cr 01016 NGC Document 1534 Filed 02/09/16 Page 64 of 205 PageID #::17748
	Denney - Recross/Burt
1	THE COURT: You want ten minutes now?
2	MS. COHEN: Yes.
3	THE COURT: Fine, take a ten-minute break.
4	MS. COHEN: Thank you your Honor.
5	(Recess.)
6	(In open court.)
7	(Defendant present.)
8	THE COURT: All right, the government may call its
9	next witness.
10	MS. COHEN: Thank you, your Honor, the government
11	calls Dr. Robert Mapou to the stand.
12	THE CLERK: Sir, please raise your right hand.
13	(Witness takes the stand.)
14	ROBERT L. MAPOU, PH.D.,
15	called as a witness, having been duly sworn, was examined and
16	testified as follows:
17	THE CLERK: And please state and spell your full
18	name for the record.
19	THE WITNESS: Robert, last name Mapou, M-a-p-o-u.
20	THE COURT: All right, you may inquire.
21	MS. COHEN: Thank you, your Honor. Oh, I just
22	forgot to mention, I left the court a binder and some
23	exhibits.
24	THE COURT: All right, thank you. And defense has
25	received them. Correct?

- 1 A I am board certified in clinical neuropsychology by the
- 2 American Board of Professional Psychology.
- 3 Q Can you tell the court briefly about your educational
- 4 background?
- 5 A I completed my master's degree and PhD in psychology,
- 6 with a specialization in clinical psychology, at Emory
- 7 University in Atlanta, Georgia. That was followed by --
- 8 actually as part of that, I completed an internship with a
- 9 focus on clinical neuropsychology at the Boston VA Medical
- 10 Center under the direction of Dr. Edith Kaplan, K-a-p-l-a-n.
- 11 Following that internship, I did post doctoral
- 12 training with a focus on rehabilitation of traumatic brain
- 13 injury at Greenery, G-r-e-e-n-e-r-y, Rehabilitation Center in
- 14 Boston.
- 15 Q Dr. Mapou, in your clinical practice, you focus, you
- 16 said, on children and adults with learning disability and
- 17 ADHD. Because you are a neuropsychologist, do you see
- 18 individuals with a broad range of developmental disabilities?
- 19 A I do.
- 20 Q In the course of your clinical practice, do you tend also
- 21 to diagnose individuals with intellectual disabilities from
- 22 time to time?
- 23 A From time to time.
- 24 Q Have you ever diagnosed an individual who came to you and
- 25 believed he or she had a learning disability and subsequently

area of learning disability and ADHD, attention deficit

THE COURT: All right, so let's go over that again.

MS. COHEN: Yes. In addition, specifically in the

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Clinical neuropsychology.

1 hyperactivity disorder.

THE COURT: All right. Your motion is granted without objection. You may proceed.

4 MS. COHEN: Thank you, your Honor.

5 BY MS. COHEN:

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Q Dr. Mapou, there's been a lot of talk in this courtroom about learning disabilities. But since you're an expert in the field, can you please provide the definition of what a learning disability is?

A A learning disability is a specific disorder affecting an academic skill, reading, spelling, expressive writing, mathematics that occurs in the presence of adequate

disability. It is unexpected in comparison with the person's intellect.

intelligence. It is not explained by an intellectual

Q Now, how is a learning disability -- I you think you sort of touched on this in your answer. How is a learning disability different from intellectual disability or mental retardation?

A Individuals with intellectual disability have far more pervasive deficits or impairments in a range of skills. There may be isolated strengths, but the overall pattern is one of weakness or deficit. In a learning disability, there is a very narrow range of deficits that fit known profiles for learning disabilities. This is seen on measures of academic

skills as well as on measures of neuropsychological or cognitive skills.

There also are very clear strengths in the profile too, they're not isolated strengths but rather these strengths will also cluster in specific areas.

- Q And when you say "specific areas," do you mean a specific area as tied to the areas you talked about before, reading, arithmetic, and --
- A Here's a good example of that, and it's most relative for individuals with language-based learning disabilities. When people have a learning disability affecting language, typically these disabilities affect reading, writing, and aspects of both understanding spoken language, what you hear and putting your thoughts into words. Such individuals frequently have far stronger skills on tasks that do not involve language, that don't require words, that are visual hands on, and you see strengths that come out.

This is a very common profile that I see, for example, in student athletes, who may have gravitated to sports because they are very strong in those types of skills but have struggled in school over the years because of language skills.

- Q Dr. Mapou, were you asked -- what were you asked to do specifically in this case?
- 25 A In this case, I was asked to use my specialized knowledge

1 to review the records and to look diagnostically as to whether

2 | intellectual disability or another disorder, specifically a

- 3 learning disability or ADHD, could account for the
- 4 difficulties that Mr. Wilson had over the years.
- 5 Q And could you tell us generally in forming that opinion,
- 6 did you review all the records in this case?
- 7 A I did.
- 8 Q And what else generally did you do?
- 9 A I reviewed the records that were initially provided to
- 10 me, which included his educational records, records of
- 11 psychiatric treatment and counseling. I reviewed evaluations
- 12 that had been done over the years as part of those records.
- I also interviewed Mr. Wilson and did a very brief
- 14 assessment looking at some other academic skills that had not
- 15 been covered by Dr. Denney. I then integrated the results of
- 16 my academic testing with Dr. Denney's academic testing results
- 17 to determine whether they fit the profile of a learning
- 18 disability.
- 19 Q Based on all of that, did you form an opinion to a
- 20 reasonable degree of psychological certainty in this case?
- 21 A I did.
- 22 Q And what is your opinion?
- 23 A My opinion is that Mr. Wilson had many features of a
- language-based learning disability, and specifically that he
- 25 | showed features of dyslexia. Now, that's often a

- 1 misunderstood word. Dyslexia is a specific reading disorder
- 2 that is based in difficulty sounding out and reading
- 3 | individual words. It's not reversing letters, as some people
- 4 popularly think. It has nothing to do with visual skills as
- 5 some people popularly think.
- 6 Q What led you to specifically conclude that dyslexia
- 7 was present?
- 8 A The early records very clearly documented that he had
- 9 difficulty with decoding, with sounding out words, and that in
- 10 his own speech he had some problems with articulation, with
- 11 expressing himself clearly, and to some degree with
- 12 | comprehension with understanding. What stood out were these
- 13 very early problems with language that were documented as far
- 14 back as kindergarten.
- 15 O Did you also form an opinion whether or not Mr. Wilson
- 16 had ADHD?
- 17 A I did.
- 18 Q And what was the basis of that conclusion?
- 19 A I concluded that he did have ADHD. And specifically I
- 20 | concluded that he had the combined type of ADHD which includes
- 21 symptoms not only of inattention or being distracted but also
- 22 includes some hyperactivity, that is restlessness, not able to
- 23 | sit still, impulsivity, doing things without thinking about
- 24 it, saying things without thinking about it.
- 25 Again, all of these symptoms were well documented in

the records from early on. And in fact, ADHD was the most common diagnosis that was used in the records.

Q Now, the basis that -- the full basis of your opinion, I note is contained in your 35-page report, so I'm not going to go into that. But I just want to touch on some areas that might need clarification or would expound on what you've already said in your report.

First, Dr. Mapou, is it possible to have both a learning disability and intellectual disability?

A Theoretically, and according to the DSM-IV, that is possible. That's based on a discrepancy definition of learning disability. Specifically, if one has mild intellectual disability and one's academic skills fall far below that level of intellectual disability, then theoretically and from a discrepancy standpoint, a learning

theoretically and from a discrepancy standpoint, a learning disability can be diagnosed. However, that would mean that for someone who has intellectual abilities, let's say in the 70s, to diagnose a learning disability would require a very large discrepancy into academic skills around 60 or even lower.

Q In this particular case, in Mr. Wilson's case, based on the records, is it possible that Mr. Wilson could have both a learning disability and mental retardation?

24 A No.

Q Why not?

A There is evidence in the records that Mr. Wilson on a number of occasions tested intellectually in the low average to even average range. That's one reason.

Second, in looking at his academic skills in comparison with his intellect, those fall below average around scores of 70, they do not fall around scores of 50 or 60. And we particularly see that on a recent testing done by Dr. Denney, which I reviewed, and on my own testing.

Q Now, you also mentioned in your report, and there's been a lot of discussion in this courtroom about the discrepancy between performance IQ score and a verbal IQ score and what that means. Can you explain to the court what significance that has in this case?

A Verbal IQ really is a measure of one's skills on tasks that are verbal. There are several tests that go into that or went into the verbal IQ when that was used. It includes measures of vocabulary, a measure of vocabulary on which you have to define words. So you have to be able to express that definition clearly.

A reasoning measure where you have to state how two items are alike in some way. A fact knowledge measure, in which you answer questions about facts that are typically learned in school. A measure that's been described as measuring reasoning social judgment but it really is one's knowledge of what one should do in social situations. For

Mapou- Direct/Cohen

respond.

example, what should you do if you see a fire in a theater.

Those are the core verbal measures that now actually are used to determine what we call the verbal comprehension index.

Q Okay. I actually want to get to that in a minute, but --

A There are two other measures that really measure attention to information that you hear and the ability to hold that in mind. One measures repeating digits, forwards, backwards, and now on the newer adult intelligence testing sequence. And the other measures the ability to do math in your head which obviously is an academic skill. All of those are on the verbal side and all of those require words to

The performance subtest, not exactly called that anymore but they have been referred to that over the years, are much more hands—on visual tests. On the past versions of intelligence test, some of these required a verbal response but the analysis was much more visual and you could also respond by pointing.

So, for example, the picture completion subtest requires one to look at a picture and figure out exactly what's missing in that picture. It does require attention but there's also a reasoning component to that where you have to figure out what the most important piece in that picture is misses as opposed to something that's obvious, like a hand holding a picture, which in this particular item is not the

most important piece missing.

In the past the picture arrangement subtest was involved, and that involved arranging pictures to make a sensible story. It's a visual. Again, there's a reasoning component. You don't have to use words at all to complete that task.

The block design subtest which involves copying block designs from looking at a drawing printed on a page. In the past the object assembly subtest, which was really a little puzzle assembly test. Those were all the measures that go into visual intellect and some of those are now part of the perceptual reasoning index.

There are two other measures that tap more closely into speed and attention. One is the digit symbol subtest that requires looking at a set of symbols paired with digits and then copying the correct symbol below the number. That requires attention, it requires speed, it also requires good handwriting.

The other measure is symbol search which requires one to scan a line. There are two symbols at the beginning of that line and you either have to cross out one of those two symbols within the symbols that follows or cross out no indicating that neither one is there. That also taps into attention and speed.

All of these tests are visual. Now, on the new

Mapou- Direct/Cohen

version of the IQ test we've even taken out some of the more verbal components. Pictures completion is an optional subtest. Instead, we have two new measures. One is a little mental puzzle assembly test where you look at a puzzle that's made of three pieces, it's printed on a page. There are six choices underneath that and you have to pick out the pieces that make that puzzle. You don't have to respond verbally at all, you just twist them around in your head and figure out which pieces go together.

Block design is still there but it has some harder items on it now. And then matrix reasoning, which is a reasoning measure in which you see a puzzle on a page, a sequence of squares with designs in them. The one at the end is missing. In some cases, its a series of two-by-two designs or three-by-three designs with one missing. You have to analyze how that pattern changes and then you have to fill it in with a missing piece.

So, again, on the more recent version of the intelligence test for adult, there's even less emphasis on anything verbal. You're dealing with very abstract visual information which you really can't put into words that well.

Q Okay. So would -- so that's sort of describing the difference between performance and verbal. When there -- on page 23 of your report you reference the fact that

Mr. Wilson's visually based abilities, and that is also sort

fairly common pattern in these individuals.

of the equivalent, right, to the performance part IQ, were always higher.

What is the significance of that discrepancy between the verbal and performance?

A It's very common in individuals who have language-based learning disabilities to be weaker or even far weaker on the -- on the verbal subtests than on the visual subtest.

Alan Kaufman has talked about this in his work as being a

The reason why is that the verbal subtests really emphasize language skills and they emphasize learning in school. And if you have a language-based learning disability, you're going to have far more difficulty on those tests, whether that be understanding what's being said to you, putting your thoughts into words, or even accumulating the verbal knowledge that is needed to respond to those questions.

The visual tests, however, don't place demands on those skills and so they are far more likely to be performed in an adequate way, or in some instances in an above average way, in people who really show strength in that area. And in essence you're testing two very different types of intelligence. You're testing verbal intelligence and you're testing visually based, for lack of a better word, hands-on intelligence. And those can differ widely in individuals who are challenged in spoken language.

- 1 Q Did you see that pattern consistently in this case?
- 2 A Yes, I saw that consistently in this case with
- 3 differences ranging, I think, from eight points in some
- 4 instances to as many as 31 points in another instance.
- 5 Q Now, what significance did that consistent pattern have
- 6 on your ultimate opinion here?
- 7 A It had two impacts. One was my observation that for the
- 8 most part Mr. Wilson's skills in -- on the visual measures
- 9 were often low average and sometimes in the average range. I
- 10 | would not expect that in someone with mental retardation.
- 11 This is not an isolated strength, it's a consistent cluster of
- 12 strengths.
- 13 Second, his verbal skills were consistently in the
- 14 impaired range. There is -- and there is some evidence that
- 15 he fell further behind in those skills whereas he maintains
- 16 stability on the visual tasks.
- 17 Q Now, in your report on pages 20 to 21 -- I'm sorry, 20 to
- 18 22 -- you discuss Mr. Wilson's intellectual testing results.
- 19 And I just want to ask you a few questions about that, since I
- 20 think it would help the court in understanding what you've
- 21 done here.
- In each of these tests you explained that you
- 23 calculated, when possible, the verbal comprehension index and
- 24 the perceptual organization index which you mentioned earlier
- 25 in your testimony.

Can you explain why you did that and what that means?

A To do that, I want to go back to the early history of intelligence testing, because we need to understand how these tests came about and how we ended up with a verbal IQ and a performance IQ, which have been used over the years but now largely discarded.

When intelligence testing first began around the turn of the century with the purpose of trying to determine whether people were intellectually disabled and in need of either intervention or in some cases institutionalization, the focus was very much on verbal skills. So the verbal measures were developed. And around the same time immigrants began coming to this country who didn't speak English. People said we need to classify them too, we need to understand if they're intellectually disabled or not. But they don't speak English, so we need to find a different way of doing that.

The performance subtests were developed around that time, and some of these actually date to the turn of the century. They were designed to be nonverbal and to look at how people performed, how well they did on tasks that didn't emphasize their language skills.

So we ended up with verbal subtests, performance subtests, and people just put these together and said okay, this measures verbal IQ and this measures performance IQ. An

we assume that that's the case and we will continue doing that. So they did for many years.

Then, and I can't put a date on this, we got more sophisticated in our statistical techniques and we began to ask well, do these subtests all cluster together. If you're low on these subtests, do you tend to be low on all of them? Or perhaps there's some differences in how they hold together.

So researchers and test developers began using a procedure called factor analysis. In essence, factor analysis is a statistical technique that allows you to see which tests cluster together; if one is high, which is likely to be high, if one is low, which one is likely to be low. That's the simplest way to describe that.

And what they found is in fact among the verbal and performance IQ tests, there were really four clusters, not two. It wasn't just verbal IQ or performance IQ. Within the verbal domain they found two clusters. One was labeled verbal comprehension. That was the verbal reasoning measure I mentioned earlier, fact knowledge, vocabulary, and in some instance the other measure of comments and social judgment.

There was a second factor which was originally labeled freedom from distractibility but is now called working memory. It has to do with attention to auditory information, the ability to repeat it back and work with it mentally in your head.

Then on the performance side we also discovered two clusters. One was labeled perceptual organization, the ability to perceive and organize visual information, and that included at one time picture completion, block design, object assembly, picture arrangement.

There was also a measure that they labeled processing speed, that was digit symbol and symbol search, and it really tapped more into speed and attention.

The pure measures of intellect are verbal comprehension and perceptual organization. These are the tasks that require one to demonstrate knowledge and reasoning and problem settling. The two other clusters tap more into attention and, to some degree, language because we know working memory can be impaired in individuals with language-based learning disabilities. But they are less intellectual in nature.

That's why the newest iterations of the intelligence tests look at these clusters rather than IQ. And again, Alan Kaufman has talked about this in his book as a very good development in intelligence testing. Because we can now look at these different — he sometimes calls them processing areas. I call them cognitive areas. We can look at these separately and understand how they play a role in learning disabilities and other developmental disorders.

Okay. So why was it important in this particular case to

determine specifically what the perceptual organization index and what the verbal comprehension index were throughout time?

A Well, there are two reasons to do that. In some instances, the IQ scores had been prorated; that is, one test had not been administered for one reason or another and so per the instructions in the intelligence test manual, the actual IQ score was estimated or prorated. However, there were — there was typically sufficient subtests to actually compute a perceptual organization index. And so that becomes more accurate. It's not estimated.

But the other reason was to look at the difference between these purer measures of intellect because they often show the discrepancy far better than the IQ scores which include the measures of auditory attention and processing speed.

Now, the reason why is that these measures of working memory in processing speed or, as it was called, freedom from distractibility rather than working memory are affected by learning disabilities and ADHD.

Those are often the lowest indices with people with learning disabilities and ADHD. They bring down the IQ scores. By taking out those measures, you have purer measures of intellect and you can look at that in a clearer way.

Q So in this case that -- is that what you did, you took out what you -- what are the parts that are affected by

- 1 learning disability and ADHD, and tried to get a better
- 2 measure of a pure intellect?
- 3 A Yes, and I did that for several of the testings that did
- 4 | not do that, and they had sufficient data to allow me to do
- 5 that.
- 6 Q Did you also in connection with this case prepare a graph
- 7 | showing these scores so that you could do a comparison of
- 8 them?
- 9 A Yes.
- 10 MS. COHEN: Your Honor, I'm going to offer
- 11 Government Exhibit 103 and 104, discussed with the witness.
- 12 And I have another exhibit, 105, I have not handed up. It's
- 13 the same as 103 and 104 but they were put together in one
- 14 chart for comparison.
- 15 A I actually -- to be clear, I put these graphs together
- specifically to aid the court because in my own work I looked
- 17 at the numbers and I looked at how the numbers were laid out
- 18 using a spreadsheet. I thought that too many numbers would
- make it more difficult to see the data and that these charts
- 20 for the court would help illustrate the difference in these
- 21 two domains.
- 22 Q Let me just put this up on the Elmo and you will see it
- 23 on your screen when I put it up. First I'll start with
- Government Exhibit 104. And this is the verbal intellect?
- 25 A That's correct.

1 | in verbal skills that were documented elsewhere.

little bit harder.

- Q Okay. Now, taking a look at Government Exhibit 103, can you tell us what this graph shows?
- A Yes. And it's unfortunate that the colors were reversed so that it makes it a little bit more confusing. I want to the point out that on the last graph the IQ score was in red.

 On this graph the IQ score is in blue. So that makes it a

But what we see here is the performance IQ over the years and then the perceptual organization index over the years. And these are a bit different. The first thing that we notice that all of these scores from the start are much higher. They range from a low of 80 in the IQ score to a high of, I believe, around 93, if I remember correctly.

Now, what's important to look at is the perceptual organization index, which now in 2012 is called the perceptual reasoning index. These scores range from a low of 85 to a high of 102. And we see that when we take out the processing speed measures, the very specifically timed tasks that can be affected in both learning disabilities and ADHD, in many instances the perceptual organization index is in fact higher and well into the average range, showing very clear strength in that domain.

Q Now, let me just show you Government Exhibit 105, which charts all of this together. And if you could just -- you've

for the court?

already said it. Summarize now looking at this time with
respect to your expertise in learning disabilities and ADHD
what does this chart -- how is this chart helpful for you or

A The two lines on the top again reflect the performance IQ and perceptual organization or perceptual reasoning. And that's -- in the two lines on the bottom are verbal IQ and verbal comprehension.

We see again verbal IQ, verbal comprehension are quite similar over the years and drop and then go back up, whereas performance IQ and perceptual organization index actually show improvement, and particularly marked improvement in 1998.

Other than 1991, and perhaps 1989, the very first evaluation, there's a large difference between the two domains. And that difference is most obvious when you look at the pure intellectual indices where perceptual organization is much higher than verbal comprehension.

Q And what's the significance of the increase in the perceptual organization index and the performance?

A Well, one might argue that this is due to practice effects and that's quite possible because the novelty of the tests wear off over time. But we can't presume that it's entire due to practice effects. While that may have been the case on WISC-III, which was administered quite a few times, we

then move to the WAIS-III and that was in 2000 where you can see one of the highest perceptual organization indices occur.

Now, that's important. While the WAIS-III was in similar format to the WISC-III, for example, it included the block design subtests, the items were different. And there was also the addition at that time of the newer matrix reasoning subtests which did not appear at all on the previous subtest. That test is now entirely novel. Mr. Wilson had not seen that one at all.

And the picture completion subtest, while the format was the same, the stimuli changed. On the WISC, it was a small booklet with black and white pictures. On the WAIS, it was a large booklet with more easily seen colored pictures and different items that would be harder for an adult to do.

So while you might argue that some of the improvement from 1989, or better 1991 to 1998, which involved the WISC-III consistently, could have been due to practice effects. It's far more difficult to argue that practice effects could entirely account for that improvement seen in 2000.

We look again in 2012, we see another change. When we move to the WAIS-IV, there were again changes in format. There was a new subtest, the mental puzzle assembly test that I described earlier, that would have totally been novel at that time.

The block designs changed some. There were some harder designs that were added. There were other designs that were the same. The matrix reasoning subtest changed a bit as well. I have actually not analyzed that closely to determine how many of the items were similar.

But the cutoff in the matrix reasoning subtest changed. On the WAIS if you got five wrong or I believe it may have been four out of -- if you got four in a row wrong or four out of five items wrong, you stopped. In the WAIS-IV, you stop when you get three wrong, period, you're done. So it has a closer cutoff when you stop.

So there's still differences in there that render it novel again to someone who has not had those items. So while practice effects might explain part of the profile, I don't believe they explain all of it and his consistent strength on the visual test.

- Q Dr. Mapou, the last area I want to touch upon is after you submitted your report, did you subsequently review the test scoring that Dr. James did?
- 20 A I did.

- Q When you reviewed that testing, what did that testing show?
- 23 A In my opinion and based on the scores that were actually
 24 presented, there were many, many scores that were average or
 25 even above average and low average. The vast majority of

intellectually disabled range.

those scores fell in that range, low average to average and even above average. There were some scores in what we call the borderline range and there were a few scores in the

Q Now, just to go over this a little bit more, there's a chart that's already in evidence subject to connection, it's Government Exhibit 96. And this is a test -- I'm sorry, a chart of Dr. James's data. Do you -- I'm just going to show this on the Elmo since it's already in evidence.

Dr. Mapou, did you actually put this data together?

11 A I did.

Q And what was the reason and purpose of putting this data together?

A I put it together to help me do my own analysis of Dr. James's findings rather than totally relying on her conclusions about frequently significant impairment as she described it. I wanted to see for myself how these scores — what the range of these scores were and, perhaps more important, how they clustered in different domains.

Q Let's look at the second page. Actually, before we do that, just so we know we're talking about the same scores, did you also in this case, and this is Government Exhibit 98, which is already in evidence subject to connection, did you also put together this psychometric conversion chart?

A I did, but that certainly isn't my own chart that I put

1 together. This is based on charts that have been seen in 2 psychological assessment tests, texts. The first one that I 3 refer remember was psychological assessment, a classic text by 4 Anne Anastasi, that's A-n-a-s-t-a-s-i, that we all used for 5 many years. And there would be a chart in there showing the 6 equivalence of IQ-type scores or standard scores, scale 7 scores, percentile scores as well as other scores that include 8 T scores and Z scores.

Q Some of those scores that we see actually have Dr. James's data, isn't it?

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11 A Yes. And it shows how all of these relate and how all of these scores are merely different ways of expressing the same finding. They're all equivalent; there's no difference.

The description on the right side of that is based upon how IQ scores are characterized. But because these scores are really equivalent from a statistical standpoint, it is entirely appropriate to describe any of these scores falling in that range in the way that they're described here. Those descriptives don't just apply to IQ scores.

- Q All right. So what you're saying is the information here is in a lot of different places. In other words, where did you get this specific information?
- A I got this from a very nice chart that is on the internet done by Pepperdine University, because it's the most
- comprehensive chart in this way. That's not the only place

- 1 where you can find it but it happens to be a very handy chart
- 2 that I refer to frequently.
- 3 Q Now, going back to looking up at the -- on your screen,
- 4 | the scoring from Dr. James's testing that were in this
- 5 intellectually disabled area of the below 70 for a scaled
- 6 score of three or below, do you see any significance to the
- 7 | testing that helped you in this case in informing -- well, you
- 8 | already formed your opinion, but in confirming your opinion or
- 9 else changing your opinion in these seven tests here?
- 10 A I did, although it might help to start with the high end
- 11 scores because it may be easier to understand if I begin there
- 12 | with how those are clustered and moved downward.
- 13 Q Sure.
- 14 A If we look at the scores that are labeled average to
- 15 above average.
- 16 Q Okay.
- 17 A Every score down through -- let me put this a different
- 18 way. Every score but the last two are measures of executive
- 19 functions. These are measures that require problem solving,
- 20 thinking flexibly, using feedback, sequencing. All of those
- 21 scores are average to above average.
- 22 Q What is the significance of that?
- 23 A Well, that tells me that Mr. Wilson's reasoning and
- 24 problem solving skills are actually among his strongest
- 25 abilities.

1 The last two scores are measures of visual memory, 2 and it's very common for individuals with language-based 3 learning disabilities to do better on measures of visual 4 memory than on measures of verbal memory because it is a 5 language-based learning disability. 6 And in connection with these, the low average, what do 7 you see there? 8 Here we see several clusters. The first cluster, which 9 is through the word context tests, reflects again executive 10 functioning. The CDL -- the next set of measures are largely those that tap into verbal learning and memory; the California 11 12 verbal learning test recall measures; the logical memory which 13 is memory for storage; verbal paired associate which is 14 another type of word list measure. 15 Symbol span is a visual measure of working memory. 16 The last three measures are academic skills, and in this case 17 they include writing sentences, writing an essay and doing 18 math. 19 So in this case, there are a few measures of 20 executive functioning that fall in the low average range. 21 Quite a few measures of learning and memory that fall in the 22 average memory, verbal learning and memory in particular. 23 These are skills that are often impaired or lower in 24 individuals with language-based learning disabilities.

And then finally we have the low scores on academic

25

1 measures.

Q Now, one thing you -- you had talked about all -- that the average and below average, they're all tests to executive functioning. What is that -- the significance of that with respect to intellectual disability?

A Well, my understanding is that one of the key features of intellectual disability, and I saw this in Dr. James's report where she emphasized the importance of executive functioning, and chose to focus on that area because she wrote that this best captures intelligence. In many ways that's correct.

Russell Barkley who has written about executive functioning and other people have characterized executive functioning as the skills that make us most human, that this is what we do that other living creatures don't do. And that in part has to do with the fact that the frontal lobes of the brain over here are the largest parts of the brain.

These are skills that are basic behavioral control functions that allow us to plan, initiate and execute goal-directed behavior for problem solving. In other words, when you're faced with a novel problem, you first have to figure out what your goal is, you then have to figure out the steps you need to reach that goal, you have to initiate your problem solving plan or get started. You have to carry out the steps in the order that's intended.

While doing that, you have to think flexibly. You

everyday life when we are faced with novel problems.

have to use feedback effectively and ask yourself, am I making progress towards my goal. If yes, keep doing what I'm doing.

But if no, I have to shift to a better way of doing. And then finally you identify that you're done. We have to do this in

Some things become automatic over time, when we don't have to think about them anymore. Driving a car is an example of that. But when you first start driving a car it requires a lot of executive functioning and a lot of working memory because you're doing several things at the same time.

Executive functions are very important to intelligence, and I very much agree with Dr. James's conclusion about that. But what is very striking in these test results is that the strongest areas in which Mr. Wilson did well on her evaluation, were in fact in the areas of executive functioning.

- Q Now let's take a look at the borderline scores of the -- what we call the intellectually disabled level scores. What is the significance of these scores?
- A Here, again, we do indeed have a few measures of executive functioning. Now, the first one, color naming, is actually more of a language task. Color naming can be part of a series of tests which are called rapid visual naming in which you have to name either letters, digits, colors, or in adults objects as quickly as you can. And we know that that

skill is often impaired in people with reading disorders, and specifically the dyslexia. So that low score is understandable.

The next one does measure inhibition and being able to inhibit a response as well as the switch back and forth between two different responses. And that's low.

The next is a measure of planning, and this was one of the lower scores. It showed that Mr. Wilson on this particular task and despite fairly strong skills in the visual domain on other tests, this test is visual, did have trouble planning and looking ahead. We know from his history that that's been a problem as well.

The proverb test is much more tapped to education and background. If you haven't heard these proverbs a whole lot, you may have difficulty saying what they mean. But if you also have trouble expressing yourself, this is the free inquiry portion where you're asked what does any ship in the storm — any port in the storm mean. I was never very good at proverbs and I don't remember them all that well. But you're asked that and if you have trouble expressing yourself, you might know what it means but you have a hard time putting that into words.

In fact, when he was given multiple choices for these proverbs, he did quite well. He -- his scores there I believe were either average or even above. I believe they

1 fell solidly in the average range.

- 2 Q Is that that proverbs test total achievement?
- 3 A Yes, the multiple choice.
- 4 Q And going back here now.
- 5 A The rest of the measures here, we have some measures that
- 6 again tap into working memory. Then from there onwards, the
- 7 WIAT-III measures are all measures of academic skills. There
- 8 is one measure of spoken language, oral expression, putting
- 9 your thoughts into words effectively.
- 10 So that here, roughly little less than half the
- 11 | measures are far more related to academic skills. There are
- 12 some measures that are related to executive functioning and a
- 13 | couple of working memory.
- 14 Q And finally, with the lowest scores here, what is the
- 15 | significance of these testing scores?
- 16 A The sorting description score is interesting because this
- 17 | showed that despite the fact that Mr. Wilson was actually able
- 18 to do these sorts on his own, when he worked with the
- materials on his own, he could see relationships among these
- 20 cards and figure out here's one category, here's another
- 21 category, and he could sort them in different ways. He did
- 22 well on that.
- 23 For whatever reason, when Dr. James laid out the
- 24 sorts and asked him to describe them, he had difficulty doing
- 25 that. That could be language; it may be something else, I

admit that I'm puzzled by that. The tower task, again, is the planning measure and that was weak. The Boston naming test is a word retrieval measure. Now, this can absolutely be affected by language-based learning disabilities in which a person has difficulty retrieving a word.

This is seen in the rapid visual naming task, for example. In an adult I will have them name a series of pictured items as fast as they can. This is — these are items that are very familiar to people, that most people will have seen, and people with reading disorders often are far slower on this task than people without reading disorders.

Word retrieval problems more broadly are very common in language-based learning disabilities. However, you also need to take into account exposure to the items on the Boston naming test, and many of these are items that if you grew up in an environment that didn't emphasize language or the type of chaotic environment that Mr. Wilson grew up in and the educational environment that he had, he may not have been exposed to some of these pictures, and just they may not have been in his vocabulary at all. So it may be a combination of two that led to the low score.

- Q Do you -- by the way, with the Boston naming, do you correct that for demographics?
- 24 A I do.

25 Q Why?

1 A I believe it's important to take into account an

2 individual's background when interpreting a test. You don't

3 | want to interpret something as a pathological or impaired

4 score related to the functioning of the brain when, in fact,

5 | it may be an impact of education or background.

6 Q If you had corrected this for demographics, or did you in

7 | fact do that correction yourself?

8 A I did do that correction.

9 Q And where would that score come out?

10 A It came out higher. It was still impaired but it

11 definitely came out higher in the mildly impaired range.

12 Q So it would have gone up to the borderline?

13 A Yeah. So we said there's still a deficit in this skill,

but when you account for educational background, then it's

15 less impaired.

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16 Q Okay. Now, just turning to the last four scores there,

what was the significance of those scores?

18 A CVLT total was the total number of words learned across a

series of five learning trials, and the learning is quite weak

as I might expect in someone with a language-based learning

21 disability.

But what this shows is the number of words that got

23 into Mr. Wilson's memory over time was low, but his recall

24 scores were actually higher; that is, he retained the

25 information he learned. So while he had difficulty learning

learning disability.

MS. COHEN: Your Honor, I have further questions for this witness.

THE COURT: Cross-examination.

24 CROSS-EXAMINATION

25 BY MR. BURT:

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23

- 1 Q Good morning.
- 2 A Good morning.
- 3 Q Doctor, you said that your assignment in this case, as I
- 4 heard your direct testimony, was to determine whether
- 5 intellectual disability or another diagnosis best accounted
- 6 for Mr. Wilson's deficits.
- 7 Did I get that correctly?
- 8 A Yes.
- 9 Q And so, what were the deficits that you were asked to
- 10 focus on that you were going to see whether those deficits
- were best accounted for by another diagnosis?
- 12 A The intellectual deficits, the academic deficits, any
- 13 other cognitive or neuropsychological deficits that could be
- 14 discerned from the records as well as the behaviors that
- 15 Mr. Wilson showed over the years because those were relevant
- 16 to the question of ADHD.
- 17 Q Okay.
- 18 And what diagnostic guidelines did you use in ruling
- 19 out intellectual disability?
- 20 A I looked at the prong, the three prongs, that were
- 21 recommended. And I focused on the first prong with the
- 22 results of the intellectual measures. I did not look at
- 23 adaptive functioning. I didn't look at that for two reasons.
- 24 First, Dr. Denney, I should say, the primary reason
- I did not focus on that was that it was not my role in this

Mapou - Cross/Burt

1 Dr. Denney was doing an extensive look at adaptive 2 functioning, it made no sense for me to do exactly the same 3 thing. Rather, I looked at the data with an eye toward 4 determining whether or not they fit the profile of someone 5 with a specific learning disability rather than -- whether 6 these were circumscribed deficits or pervasive deficits. That 7 was the eye that I put toward these data as well as looking at some of the data that Dr. Denney collected. 8

- Q Although you did not evaluate the adaptive prong aspect of intellectual disability, when you did your analysis were nevertheless aware of what those categories were that make up the definition for adaptive deficit; correct?
- 13 A It was.
- 14 Q Okay.

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And, first of all, with the DSM-IV-TR definitions you are familiar that under that system you need two of ten deficits in order to satisfy that adaptive deficit prong; correct?

- 19 A I am, yes.
- 20 Q All right.

And was it your determination based on the review of records that at least in the area of functional-academic skills and putting aside for the moment the question of causation and the question of what better explains those deficits, was it your opinion that Mr. Wilson showed

- 1 functional academic deficits in the developmental period?
- 2 A Yes.
- 3 Q And was it also your opinion that, again, putting aside
- 4 | the question of causation that he showed deficits, significant
- 5 deficits, in social-interpersonal skills?
- 6 A That is correct as well. But simply having deficits in
- 7 | those two areas, while they are required to make a diagnosis
- 8 of mental retardation, they are also deficits that can be seen
- 9 in other disorders.
- 10 And so, one has to consider the entire picture and
- 11 | not just the social-adaptive deficits to make that
- determination. So I had an eye toward whether there could
- 13 another explanation of those deficits.
- 14 Q Right, and well get to that part of it. I just want to
- 15 start at the beginning in terms of what deficits you
- determined there were.
- So far, we've got social-interpersonal skills and
- 18 functional-academic skills, both of which were significant
- 19 deficits; correct?
- 20 A I would agree in part. What stuck out in the records
- 21 were much more behavioral and emotional deficits.
- It did appear that Mr. Wilson, socially and
- 23 interpersonally, could relate to other people and, in
- 24 particular, could do that outside the academic environment.
- 25 There were references to the fact that he had friends, that he

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engaged in normal play activities and sports activities that
were typical of a child of his age.

The emotion — there was also evidence in the records that in his home environment according to his relatives he did fine. There were certainly times when problems arose that led to hospitalization, but there were many, many other times when he did well in the home.

Rather, the behavioral and emotional deficits seemed to show the most when he was at school in an academic environment.

- Q And there you would agree he had social-interpersonal skill deficits?
- A Its tricky to look at the overlap between what you would describe as social-interpersonal skill deficits and behavioral deficits. Did he have trouble relating to peers and to adults at times, yes. In that regard, we would describe that as a social or interpersonal skill deficit. Was he able to relate appropriately at other times, the answer to that is yes as well.
- Q Well, youre familiar with the AAIDD description of these domains; correct?
- 22 A I am probably.

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- 23 Q Social, practical, and conceptual?
- A Yes. If we use that categorization, then, obviously, the place where these would go would be in social.

- 1 Q And one of their descriptors of a social deficit is the
- 2 issue of whether somebody is obeying rules, following rules
- 3 and regulations; right?
- 4 A Yes.
- 5 Q Definitely be deficient in those areas, would be not?
- 6 A I agree.
- 7 Q Okay. How about, again, back to the DSM, communication.
- 8 Did he have a significant deficit in the
- 9 developmental years in communication based on your review of
- 10 the records?
- 11 A Yes, there was evidence of a deficit in communication
- 12 verbally.
- 13 Q How about self-care?
- 14 A I did not see evidence of deficits in self-care. To the
- 15 contrary, there were places in the records that said his
- self-care was fine particularly when they evaluated that
- during his hospitalizations.
- 18 Q Home living?
- 19 A I did not see evidence of deficits in home living.
- 20 Q Use of community resources?
- 21 A Its a good question when youre asking that of a little
- 22 kid. A kid is relying on their parents and family for use of
- community resources. I think that's very difficult to
- evaluate what is developmentally appropriate.
- 25 Q So there you have no opinion on because of the

- 1 difficulty?
- 2 A I would say I don't have an opinion.
- 3 Q Okay. How about self-direction?
- 4 A You know, I would say, no, I didn't see evidence of
- 5 impairment in self-direction because there, again, were
- 6 statements in the records that Mr. Wilson went home, he did
- 7 his homework, he did chores around the house, he went out and
- 8 played with other kids. So, he seemed to be as self-directed
- 9 as I might expect a kid to be when he was outside of the
- 10 academic environment.
- 11 Q Work?
- 12 A A kid doesn't work.
- 13 Q Leisure?
- 14 A He was involved with playing sports and doing other
- 15 appropriate leisure activities so I did not see a deficit
- 16 there.
- 17 Q How about health and safety?
- 18 A There may have been a deficit in health and safety from
- 19 the standpoint of several incidents in which he used poor
- 20 | judgment, and I believe there was one in which he was hanging
- 21 on to the -- he was standing on the bumper of a truck and fell
- 22 off. There may have been another similar incident like that.
- Was there enough to conclude impairment? Perhaps
- 24 give what about I've read in the records and some of the
- 25 incidents in school.

- 1 Q And did you assess whether he met any of the three
- 2 broader classifications of adaptive deficits defined in the
- 3 AAIDD manual?
- 4 A I did not do that, no.
- 5 Q Okay.
- But of the deficits you just identified, your role
- 7 was to assess whether those deficits were best accounted for
- 8 by the learning disability or ADHD as opposed to intellectual
- 9 disability; correct?
- 10 A That's correct. Individuals with learning disabilities
- 11 and ADHD can absolutely have deficits in all of the areas that
- 12 you mentioned. The question becomes, is this part of a
- 13 pattern of more pervasive intellectual impairment, or so is it
- related to more circumscribed disorder such as a learning
- 15 disability or ADHD.
- 16 Q One thing you just said was that the symptoms for ADHD
- and learning disability can be the same symptoms you'd see in
- 18 mild MR; correct, in terms of the deficits.
- 19 There may be differences but there may be common
- 20 behavioral symptoms, would that be fair to say?
- 21 A Yes. Because when looking at a symptom, a symptom in my
- view, it is a manifestation of behavior. You have to have an
- 23 explanation and that different symptoms can be caused by very
- 24 different things.
- 25 Q Okay.

- 1 A So there absolutely can be overlap and that's true with
- 2 | all cognitive and mental disorders.
- 3 Q Did you happen to bring a copy of your book that you
- 4 mentioned with you?
- 5 A I didn't.
- 6 Q As I understand from reading that book, youre fairly
- 7 specialized on learning disabilities, ADHD; correct?
- 8 A That is correct.
- 9 Q You write about it; correct?
- 10 A Correct.
- 11 Q Teach other practitioners about it?
- 12 A I do.
- 13 Q And is your practice fairly specialized in the sense that
- 14 people send patients to you for the specific purpose of
- 15 diagnosing ADHD and learning disabilities?
- 16 A They send people to me and to our practice in general to
- determine whether a learning disability or ADHD is present, or
- 18 whether there may be some other cause of the problem.
- 19 Q Okay.
- 20 And I think you said on occasion you've had the
- 21 occasion in your practice to diagnose intellectual disability?
- 22 A Correct.
- 23 Q Remind me a little bit about how that comes up.
- 24 A Here's a good example.
- 25 Q Sure.

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A Several years ago, a local community college obtained a grant to support assessment of individuals who didnt have the resources to afford an assessment; and so, their grant paid for the assessment.

The community college, like many community colleges, has a -- I forget what they call it -- no selection admission. They have no admission criteria -- if you want to go you can go and it doesn't matter whether you've graduated high school or not.

They sent to me a young man who had been diagnosed with multiple learning disabilities. And when I reviewed his history, and when I reviewed his profile on testing, it was clear to me that he had a far more pervasive intellectual disability. Did he fall into the MR range maybe not quite, he was much more in the borderline range.

But what was clear to me was it pretty much all of his scores were low. There was an isolated average score here and there but there was no cluster of average scores. And I advised him and his parents that this was more than a specific learning disability, that it was not surprising that college was difficult for him. Perhaps we needed to rethink through his goals in college.

What I recalled, I had the young man and his mother in the office and she had done everything she could for him over the years. He had incredible support. She had pursued

Mapou - Cross/Burt

services, but he remained at a relatively low level. A young
man who must have been 19 or 20 cried in my office when he

3 heard this.

I recently talked with a mother in the past year and
I was assisting her with disability issues because the young

6 man had applied for and had been approved for Social Security

7 Disability. So there was evidence in this case of what had

8 been described as multiple learning disabilities was a much

9 more pervasive intellectual disability.

10 Q Is that sort of typical the way the issue has come up

11 occasionally in your practice?

- 12 A That's correct.
- 13 Q That's --

14 A That people were misdiagnosed perhaps in a way to make

- 15 things seem less severe.
- 16 Q Okay.

And in that example you gave, I didn't hear you

18 saying that you did any sort of a formal intellectual

19 disability workup in the same way that it was done, for

instance, in this case, where youre going out and doing

- 21 adaptive behavior interviews?
- 22 A In fact, you didnt ask the question because I would have
- 23 said that indeed I did.
- 24 Q Okay.

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25 A In that case, if my recollection serves me correctly, I

- 1 did an ABAS to look at his functional skills and it was
- 2 apparent to me that he was not only impaired on my tests but
- 3 also in a number of aspects of functional skills.
- 4 Q And was that the extent of your methodology there? You
- 5 used an ABAS with him?
- 6 A I believe I used one with his mother. I may have used
- 7 one with him. I don't recall.
- 8 Q And did you administer WAIS instruments to him as well?
- 9 A I did.
- 10 Q How many times has that come up, would you say, in your
- 11 practice?
- 12 A A few, I don't have an exact figure. I've been
- 13 practicing for 20 years plus.
- 14 Q Is this case the first time you've testified in an Atkins
- 15 context?
- 16 A It is.
- 17 Q Okay, thank you for clarifying that. I appreciate that.
- Now, in your report, do you have that there in front
- 19 of you?
- 20 A I do.
- 21 Q As I understand your report, you diagnose Mr. Wilson with
- 22 several disorders; correct?
- 23 A The approach that I took was looking at what disorders
- 24 were most likely present in his youth based upon the records
- 25 that I reviewed.

Now, as I said, if I were doing a full evaluation of ADHD, I would have gotten access to rating scales completed by other people but this is tough in the incarceration setting. So, to the best of my knowledge, at this point, he doesn't meet diagnostic criteria for ADHD.

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I also looked at the issue of dyslexia. And if we look at his reading and writing skills in comparison what I

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see is the best measure of his intellect at this time, which is the Perceptual Reasoning Index from Dr. Denney's evaluation. And if you want to add to that some of the measures of executive functioning that were perfectly normal on Dr. James's evaluation, there continues to be a fairly large difference between his ability to read and decode individual words, particularly, when speed is stressed as opposed to when he had five to ten seconds to read them he did reasonably well. That's common in adults with dyslexia. He still shows that decoding deficits, if I recall correctly. I have to look at the data again so bear with me for a moment.

Turning to Page 29, it is interesting that his spelling on Dr. Denney's evaluation is actually lower than his ability to decode and read individual words. And that, again, is typical, writing deficits tend to persist more than reading deficits in adults and particularly in men with language-based learning disabilities. He continues to have difficulty with reading fluency, with reading accuracy, and with reading comprehension when he is given more complex material. He actually performed within the average range on Dr. Denney's evaluation when he had to read a sentence or group of sentences, had 30 seconds to read it, had to fill it in with a word he read these to himself. He had an average score on that. As the level of complexity of what he had to read increased, his scores on the measures decreased progressively.

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I recently saw this in a college student who was applying for accommodations on the LSAT and she showed this same type of gradient in a reduction of her scores as the material became more complex.

So, in looking at these scores, in looking at the weaknesses and impairments in language skills on Dr. James's evaluation; in comparing that with his level of intellect, particularly in the visual domain, which is far less contaminated by the language issues. From a purely cognitive and academic standpoint, he meets criteria for having dyslexia and broader impairments in language.

Now, the difficulty with drawing that conclusion definitively, Jack Fletcher and colleagues in their book have pointed out that if you don't have adequate instruction you cannot conclude that someone has a neurologically-based learning disability because the outcome can look similar.

We know that Mr. Wilson wasnt available to his education in his early years, he as much said that to me himself, he didnt want to be there. I think he pretty definitively showed symptoms of ADHD which adding to that made it hard for him to sit still and pay attention in class, so he wasnt really available to his education.

Also, I note that at the time that he went to school we didnt know as much about how to intervene and how to improve reading skills. I couldn't find anywhere in the

Mapou - Cross/Burt

records where someone had done the types of interventions that we now have to improve reading with him and his own recollection was that nobody really tried to help him learn to read. Some time in middle school and even then, by then, he said he was doing other things and not with it.

He did learn to read later. He certainly improved his skills to the point where he could read books by his report and he could write. And I have been shown some of the e-mails that he wrote. I saw writing samples at Brookwood that were pretty good, so it showed that he became literate.

So the difficulty in concluding definitively that he has dyslexia is, in fact, he gained quite a bit of literacy over the years, and it raises the question in my mind that if someone sat down with him and used the interventions that we know work with kids and adults with dyslexia could he book an even better reader? Is it simply because he didnt have the exposure or the intervention at that time.

Both types of people can look the same. If you have neurologically based dyslexia, or you don't have adequate instruction or intervention, you still come out looking the same. That's why I said dyslexia is probable at this time but its hard to make that diagnosis definitively because there are many other factors that could cause the profile.

Q All right.

But your opinion in pre-18 period was he probably

- 1 met criteria for a number of learning disorders or ADHD;
- 2 correct?
- 3 A That's my opinion, and it was also the opinion of the
- 4 many professionals who worked with and evaluated him.
- 5 Q For instance, your own opinion after reviewing the
- 6 records is that he probably meets criteria for developmental
- 7 dyslexia; correct?
- 8 A Correct.
- 9 Q Next expressive-receptive language disorder?
- 10 A Correct.
- 11 Q And Attention Deficit Hyperactivity Disorder Combined
- 12 Type?
- 13 A Correct.
- 14 Q You also wrote in your report, and believe, that he may
- 15 have also met the criteria if instruction was adequate for
- disorder of written expression?
- 17 A Yes.
- 18 Q And mathematics disorder?
- 19 A Correct.
- Now, writing problems cooccur with reading problems.
- 21 If you have trouble reading, you often even have more trouble
- 22 writing. So it can sometimes be part and parcel with the same
- 23 thing.
- 24 Q Right.
- 25 A We have also know that mathematics disorders frequently

Mapou - Cross/Burt

1 cooccur with dyslexia, too, because some of the same 2 neuropsychological skills that are needed to learn to read are 3 also required to first learn your times tables and your 4 addition tables so they tend to go together. Similarly, there 5 is a high rate of cooccurrence of dyslexia and ADHD and there 6 is actually some overlap in the cognitive profile. And these learning disabilities that he had prior to 18 7 and ADHD are developmental disorders, are they not? 8 9 Α They are. 10 And they're serious in the sense of being impairing? 11 They can range in severity from mild to very severe. 12 And your own opinion is that ADHD and learning disability, such as you see in this case, are brain-based 13 14 disorders with a strong genetic component; correct? 15 That's based upon research that has actually shown that. 16 Its not just my opinion, its based on solid scientific 17 research that shows that these disorders run in families. 18 They have been linked to some specific genes, although we're 19 no there yet. The research I think is strongest for dyslexia 20 and to some degree with ADHD. 21 And its also based on research on brain functioning 22 and looking both at structural neuroimaging, that is, MRI 23 scans of the brain and the functional neuroimaging where 24 you're actually looking at what the brain is doing while a

person is performing a particular task.

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- 1 Q And here, you took into account the functional
- 2 neuroimaging that was done back in 2003?
- 3 A I looked at that time but I have a problem with that.
- 4 Q Your problem is its not specific. You can't use it to
- 5 diagnose a particular disorder; right?
- 6 A Its a little bit more than that. PET Scanning is really
- 7 not, was it PET or SPECT.
- 8 Q Its PET.
- 9 A Its PET. Its not really ready for prime time in its use
- 10 as a clinical tool. This is based, not on my opinion, but on
- 11 the opinions of neurologists who use this tool.
- 12 While it is very much used as a research tool, it
- isnt ready for clinical use because it is nonspecific and
- 14 Dr. Buchsbaum's result pretty much said that. He said it
- 15 could be this or it could be this. How do you tease that out?
- 16 You can't.
- 17 Q Do you have any disagreement with his conclusion that its
- 18 diagnostic in several possibilities?
- 19 A I would agree that its diagnostic of several
- 20 possibilities, the question is which possibility. One of
- 21 those possibilities was schizophrenia, if I recall correctly,
- 22 and Mr. Wilson doesn't have schizophrenia.
- 23 Q And did you state in your report that you were placing no
- 24 weight on the PET Scan because it was in your own words, "Not
- ready for prime time, something along those lines?

- 1 A If you want to know exactly what I said, I will have to
- 2 look because I don't want to misquote myself.
- 3 Q Sure.
- 4 A I said, "It may also be that the 2005 PET Scan findings
- 5 reflected residual effects of his meningitis." I'm not sure I
- 6 said anything else about that.
- 7 Q Could you explain that a little further in terms of the
- 8 meningitis issue.
- 9 A Mr. Wilson had meningitis as a young child. This is
- 10 often called "spinal meningitis." I'm not sure why because it
- 11 seems to refer to the fact that you can see the organism that
- 12 causes meningitis in the spinal fluid, but it actually is a
- 13 brain disorder. It is an inflammation of the meninges, which
- 14 is one the coverings of the brain. So it means it's above --
- 15 got into the brain and affected it.
- We know from research that has been done that kids
- 17 who have meningitis can have learning disabilities or ADHD or
- 18 what looks like that later in life. Its possible that that
- 19 meningitis played a role. Its equally possible that he had a
- 20 benign outcome and that there's no relationship between the
- 21 two, particularly, because there were disagreeing statements
- 22 in the records as to whether there was really any change after
- 23 the meningitis.
- So I raise that as a possibility, but I do say a
- 25 possibility not definitively.

ID who has a superimposed language disorder because his

"I'd be more inclined to class him as a person with

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Page 344 of our transcript.

Mapou - Cross/Burt

language is much lower functioning."

First of all, is Mr. Wilson's language much lower

- 3 | functioning than what you would expect?
- 4 A What I would expect based on what?
- Q I think he's referencing he's much lower than what you would expect for his peers.
- 7 A Okay. Its interesting that despite obvious problems with
- 8 language over the years, as far as I could tell, there was
- 9 never a comprehensive speech-language assessment.
- 10 Q That would come from a speech pathologist?
- 11 A Yes. And that was, in my opinion, a major oversight.
- So the determination as to his language skills are
- 13 really based upon limited data over the years, nonetheless.
- 14 From what I can discern, his language skills were impaired,
- 15 they were below the level of most people, and they were even
- 16 more striking again when we consider that against the
- 17 background of his largely average visual skills.
- And, again, that's a profile that I very often see
- in people with language-based learning disabilities. Its a
- 20 very specific profile.
- 21 Q And is a language disorder different than a learning
- disability, or is it a type of learning disability?
- 23 A As I point out in my report, there are several different
- 24 names. Psychologists, unfortunately, are good with coming up
- 25 with their own pet names for different disorders.

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1 So in the DSM we see Mix Expressive Receptive 2 Language Disorder. That was the diagnosis I used because its 3 in the DSM. But we may also see reference to Specific 4 Language Impairment, SLI. Sometimes that refers to impairment 5 in language that is spoken but not in reading and writing. However, when people have spoken language 6 7 difficulties they almost always have reading and writing 8 difficulties because reading and writing require even more 9 skills to do. Some people will say a Developmental Language 10 Disorder. Some people may say a language-based learning 11 disability. In my view, these are all the same things. 12 They're different terms for the same thing. They all reflect 13 a language disorder that is present from an early time in 14 one's life and that persists or may get better with 15 intervention, particularly, if someone works with a 16 speech-language pathologist. 17 Now, you mention that it is not impossible to have both a 18 learning disability and mild mental retardation? 19 Based upon what the DSM says, yes. 20 Yes, its possible? 21 Α Yes, its possible. 22 Okay. The question was worded --Q 23 Α I understand. 24 Q -- badly. I apologize. 25 What the DSM says, this is at Page 51, and if you

- 1 look there's a blue book there in front of you, a binder.
- 2 A Yes.
- 3 Q I think the first tab has the DSM in it, and if you'll
- 4 turning to Page 51?
- 5 A I'm there.
- 6 Q Okay. This is in the section on learning disorders;
- 7 correct?
- 8 A Mm-hmm.
- 9 Q And it says, "In mental retardation, learning
- 10 difficulties are commensurate with general impairment in
- 11 intellectual functioning. However, in some cases of mild
- mental retardation, the level of achievement in reading,
- mathematics, or written expression is significantly below
- 14 expected levels given the person's schooling and severity of
- 15 mental disorder. In such cases, the additional diagnosis of
- 16 the appropriate learning disorder should be made."
- 17 A Yes. Ms. Cohen asked me about that earlier and I agreed
- 18 with that.
- 19 Q Okay.
- 20 And I guess one question I have there, they use the
- 21 words "significantly below" but they don't really reference
- 22 the kind of thing you reference in terms of a 60 or some sort
- 23 of a cut-off score.
- 24 Is there a cut-off score that is either in the DSM
- or somewhere else that will say, unless you get your

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achievement scores below a certain cut-off, you cannot make a dual diagnosis?

A There is not to my knowledge and there is an added difficulty, and this speaks to the issue of diagnosing a learning disability in someone who is low average. And Fletcher and colleagues have talked about this.

At the higher end of the intellectual spectrum when you get someone who has an I.Q. of 120 or 130 which is the top ten percent to the top two percent, it is far more likely that they're going to have a number of scores that are discrepant from that but that fall in the average range. So you may have someone with 120 I.Q. and a 100 on reading, they're average reading.

In the past, people might call this a mild learning disability, gifted with a learning disability. But as we learn more about these tests we learn that normal variability is very common.

Now, when you get to the lower levels of performance, and we're getting into the low-average range, there isnt as much variability. Scores tend to cluster more. The difficulty in diagnosing someone, say, of low-average intelligence with a learning disability is that their I.Q. might be 85 in the 16th percentile and their reading might be 85.

What Fletcher and colleagues talk about is that

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regardless of the intellectual level at that point, the
underlying problem, the underlying neuropsychological features
of the learning disability, are still the same. So you
shouldn't ignore this and you should intervene. You should
try to improve the reading skill regardless of I.Q.

Now, where in comes in here is that it makes it difficult to specify a cut-off because it may be that if youre in the mild MR range with an I.Q. of 70 and your score is, on the reading measure, is 65 or 63 even though that's not a standard deviation or 15-point difference maybe that's significant. Of course, the other question is what do you do with that at that point? What does that — to me, the question is always, where do you go with this? How do you treat it? What do you do about it?

Q And we're focused here not on treatment, unfortunately, but on diagnosis.

You understand that; right?

- A I understand.
- 19 Q Okay.

So is it similar to what we have in the intellectual disability area where the AAIDD says there is no fixed cut-off score. Does the same guideline apply to figuring out whether you have an achievement versus I.Q. discrepancy that is significant?

A I am not aware of any guideline in that regard. It

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doesn't mean that it — somebody hasn't written this
somewhere. Its just I am not aware of that and, again, its

3 typically not the folks who I'm seeing in my practice. I'm

4 more likely to see the average person who has a reading score

at the 16th percentile.

Q Okay.

Now, I think you said earlier, your own view is you have to look at the deficits and see if there are explanations that better account for those deficits before you can conclude that someone is intellectually disabled; correct?

A Correct.

Q And there's another way of saying that that you really can't diagnose intellectual disability if there is a better explanation, a learning disability, for instance, that accounts for your symptoms?

A That plays into what we call "Occam's Razor,"

O-c-c-a-m's, which is the idea that you look for the most parsimonious or simplest explanation that encompasses all of the data.

And in some cases that may be a learning disability. In another case, it may be an intellectual disability. What's key to me in intellectual disability, as Dr. James even said, there's a pervasive impairment in intellectual and functional skills. There maybe isolated strengths. Certainly, there may be some strengths, but the overall pattern is one of fairly

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- 1 pervasive impairment. That's what I do not see in this case.
- 2 Q So your conception of intellectual disability is that it
- 3 is an overall pattern of weaknesses?
- 4 A Yes.

5 Q All right.

So you would disagree with the basic assumption in the AAIDD Green Book at Page 7 which says, "Within an individual limitations can coexist with strengths. This means that people with ID are complex human beings who likely have certain gifts as well as limitations. Like all people, they often do some things better than others. Individuals may have capabilities and strengths that are independent of their ID. For example, strengths in social and physical capability, some adaptive skill areas, or one aspect of an adaptive skill in which they otherwise show an overall limitation."

You would disagree with that to the extent you say, no, in your view it should be an overall pattern of weaknesses?

A You know, that's a really tough question. I've read that and I've looked at the arguments in the defense experts' reports, and when I read all of that, its hard for me to then determine what doesn't qualify as intellectual disability. Its almost as if anything can qualify for that.

Now, in my opinion, if you see a very clear area of strength that shows up consistently, not in isolated skill,

- 1 | not a physical skill, but a clear area of intelligence that
- 2 repeatedly shows up as a strength in a profile over time.
- 3 Then, to me, that is convincing evidence that this is not a
- 4 pervasive intellectual disability; that there's not only
- 5 strength, but there's a very clear cluster of strength that
- 6 shows intelligence in a domain that we have measured.
- 7 And so, yes, I agree with that statement but I also
- 8 think as Dr. James said you have to give weight to different
- 9 scores. Its not just a strength here, a strength there, bunch
- 10 of weaknesses. What I look at is, is there a clustering of
- 11 strengths.
- 12 Q Did she say you give weight to particular scores or
- 13 weight to particular deficits?
- 14 A She may have said deficits. This was from her testimony
- 15 and I may be misquoting.
- 16 Q And your own view as expressed in your book is that a
- 17 clinician should never diagnose a disability based solely on
- 18 the test results. There, youre referring to learning
- 19 disability or ADHD; correct?
- 20 A Is that a statement about ADHD because I've often said
- 21 that about ADHD.
- Q Well, Ill read it to you in full context. It says: "A
- 23 clinician should never diagnose a learning disability or ADHD
- 24 based solely on the test results."
- 25 A That is correct because one has to evaluate a number of

- 1 | the things that I said earlier including adequate instruction,
- 2 availability to education, the impact of socioemotional
- 3 issues. So that, as clinicians, that's what we do, we look at
- 4 the big picture.
- 5 Q Sure.
- 6 A And this was a very big picture here of thousands of
- 7 pages of records.
- 8 Q Complicated picture, too.
- 9 A Absolutely, no disagreement there.
- 10 Q Okay.
- And when you said on direct that you looked for an
- 12 overall pattern of weakness, you acknowledged that the AAIDD
- manual says at Page 47, "In the process of diagnosing ID,
- 14 significant limitations in conceptual, social, or practical
- adaptive skills is not outweighed by the potential strengths
- 16 in some adaptive skills."
- Do you have disagreement with that statement?
- 18 A Can you read that again.
- 19 Q Sure.
- 20 A And can you give me the context for that as well.
- 21 Q Ill read you the whole context.
- 22 A Okay.
- 23 Q It says, "Focus on typical performance. The assessment
- of adaptive behavior focuses on the individual's typical
- 25 performance and not their best or assumed ability or maximum

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performance; thus, what the person typically does rather than what the individual can do or could do is assessed when evaluating the individual's adaptive behavior. This is a critical distinction between the assessment of adaptive behavior and the assessment of intellectual functions where best or maximal performance is assessed. Individuals with an ID typically demonstrate both strengths and limitations in adaptive behavior; thus, in the process of diagnosing ID, significant limitations and conceptual social or practical adaptive skills is not outweighed by the potential strengths in some adaptive skills."

That was the context.

A I think I understand what youre saying.

And while that can be true, one could make the same argument for a kid with ADHD who has significant impairment in adaptive skills and is not functioning but may show average intelligence or average intelligence in the verbal domain as opposed to the visual domain which is very common because the visual domain taps into planning and speed and so forth.

So that same argument could be made for someone with a learning disability or ADHD who is not functioning so well on a day-to-day basis and is failing all their classes.

Q That same argument could be made or wouldnt be successful because that person who you hypothetically just told me about would not meet the first prong, would he?

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1 He would not meet the intellectual functioning 2 prong? 3 I don't think I was clear in what I was trying to 4 characterize. If we took out intellectual disability from 5 that statement, the same argument could be made in the 6 diagnosis of ADHD where one would say, well, you know, you 7 shouldn't consider the person's potential in making that diagnosis, or how they might perform if they were in a quiet 8 9 highly structured environment. Because if you did that, you 10 might conclude that they don't have ADHD, but the bottom line 11 is that on a day-to-day basis, their behaviorally out of 12 control, they're not paying attention, they are impaired in 13 two or more settings. So they do have ADHD. That's what I was trying to express. 14 15 Okay, let me turn to your analysis of the -- your 16 discrepancy analysis. 17 Do you know what I have in mind here? 18 Α The charts that we saw earlier. 19 Q Yes. 20 Mm-hmm. Α Do you address that issue in your report? 21 22 Α I do. 23 And where is that? 24 This is in the summary of the I.Q. testing starting on 25

Page 20 where I lay out the scores and I give a brief analysis

- 1 of each.
- 2 Q Okay.
- 3 A Continuing through Page 23 where I summarize what my
- 4 conclusions are based upon that analysis. It begins at the
- 5 bottom of Page 22.
- 6 Q What you say in your second bullet point there is because
- 7 of the differences that youre looking at, and I'm quoting here
- 8 from Page 23, "The full-scale I.Q. was typically not an
- 9 accurate reflection of his true abilities because it reflected
- 10 scores measuring two very different ability areas."
- 11 A Yes.
- 12 Q So, basically, what youre advocating here is that the
- 13 Court not look at the full-scale I.Q.s but rather at the
- organization of the scores around the Verbal Comprehension
- 15 Index and Perceptual Organization Index that youre focused on?
- 16 A That's correct and here's why.
- 17 Q Okay.
- 18 A I see this as a common error in evaluations that I
- 19 review. And if we look at the verbal skills, we're talking
- 20 about tasks that involve, for the most part, that involve
- 21 words, that involve expressing one's self, understanding one's
- 22 self.
- We look for visual tasks, for the most part words
- 24 are not involved. They involve speed, they involve
- 25 organization, perceiving, copying visual information,

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1 reasoning with visual information. They're very different 2 It makes no sense when you have verbal skills here skills. 3 and visual skills here to then conclude that the person's 4 overall functioning is somewhere in between. Youre averaging 5 two very different skills to draw that conclusion. So if I a 6 person is a 70 here and the 100 here on the visual --7 Yes. -- and you come up with, okay, he's somewhere in between 8 9 he's hand 85 overall. No, that's not right. He's not 10 low-average overall. What he is, is a person with significant 11 verbal challenges but pretty good visually based intelligence. 12 Right. 13 So he's average in that domain and, to me, that shows 14 when you take away the area in which he is challenged, he is 15 of average intelligence and that's important. When you focus 16 on that summary score, youre losing that information and youre 17 making a conclusion about overall functioning that is not 18 correct. 19 What Dr. Kaufman says is that if you look at the four processing areas, and you've got a spread of 25 points 20 21 among those areas, which is common in individuals with learning disabilities, you should not use a full-scale I.Q. 22 23 He also says that if you see a difference between 24 verbal and performance I.Q. that is large you shouldn't draw

that conclusion either although I'm not sure what level he

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- says you should do that at. Typically, I look at the standard deviation, 15 points.
- 3 Q So just to be clear, though, youre advocating not looking
- 4 at the full-scale I.Q. but looking at something else?
- 5 A Yes.
- 6 Q Okay.

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- And the something else you said you explained how if
 he had two different scores, just hypothetically, a 70 and a

 9 and you averaged those. Your average is not going to be an
 accurate reflection of overall intellectual abilities;

 11 correct?
 - A Correct. Because it fails to capture the person's strengths, and the ways in which they can reason and problem solve at an average level which is going to affect their day-to-day functioning. It will allow them to function.
 - Q And, in your opinion, what is the best measure?

 If we don't look at full-scale I.Q., what is the

18 best measure someone's overall intellectual functioning?

Is it the Verbal Comprehension Index? is it the Perceptual Organization Index? or is it something else?

- 21 A It depends on the person and it depends upon the profile.
- 22 What I look at in my assessments is the overall pattern of
- 23 strengths and weaknesses. And often, in a person with a
- 24 language-based learning disability, I look across a range of
- visual tasks and I find the Perceptual Organization Index is

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way higher than the Verbal Comprehension Index.

When I look at reasoning and problem solving, I may look at a measure called the "Tower of London," which I like better actually than the TOWRE Test on the DCAFs because you can look at speed and accuracy.

Surely, nonverbal tasks, when a person does better than that on the 20 questions, which is a verbal problem solving task. When they do better on organizing the Rey-Osterrieth Complex Figure; when they draw it than they do on organizing the words on the California Verbal Learning Test; when they do consistently better on the Visual Memory Measures than the Verbal Memory Measures.

I've got pretty strong data that in the visual domain they're normal or strong and I combine all of those data with the information from the Perceptual Reasoning Index to conclude that's where their strength lies and these measures, some of which are not part of the I.Q. test, really capture their intelligence, they can capture what they do well on a day—to—day basis.

The opposite may apply in someone who has what seem people refer as to a nonverbal learning disability where we see the exactly the opposite pattern. All of the verbal skills are high and the visual skills are low.

Q And so, the answer to my question is you can't really tell me which is a better measure of intellectual functioning

- 1 because it depends on an individual case?
- 2 A It does.
- 3 Q So there's no way you can, if you put aside the
- 4 | full-scale I.Q., there's no way without looking at an
- 5 individual case that you can say, okay, we're not going to
- 6 look at full scale, we're going to look at verbal or
- 7 performance or some combination other than verbal and
- 8 performance?
- 9 A That's correct. And I think it is an appropriate way to
- 10 do that because if there's an overreliance on the use of
- 11 summary scores.
- I see this often where a school will say, well, we
- 13 have to have the broad reading score from the
- 14 Woodcock-Johnson, or we have to have the full-scale I.Q.
- 15 Everybody thinks the summary score is the best measure. But
- 16 it isnt always there seems to be a reflexive move toward that
- 17 summary score when that score may, in fact, reflect very
- different skills going into it and is not an adequate
- 19 reflection of overall function.
- 20 Q Now, you realize that some experts in your field argue
- 21 that the best measure of intellectual functioning, if youre
- 22 going to put aside full scale is actually verbal, the verbal
- 23 I.Q.?
- 24 A That only applies if someone doesn't have a significant
- 25 language-based learning disability. If, from their early age,

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1 they have trouble understanding language and putting their 2 thoughts into words, then the verbal I.Q. is not going to be 3 an accurate reflection. Some would argue that in that 4 instance that block design is a more effective measure and, in 5 fact, there's a measure called the Test of Nonverbal 6 Intelligence, the TONI, that takes at conceptual thinking and 7 reasoning on a purely visual test. Its very similar to matrix reasoning. Its another older test called Raven's Progressive 8 9 Matrices. 10 So there's no consensus within your field that once you 11 turn away from full-scale I.Q. of what we can use to assess 12 intellectual functioning. Would that be fair to say? 13 I think that most of my colleagues would agree that it 14 really depends upon the particular person. Sternberg, and 15 I've not read his work extensively, but Sternberg, Howard 16 Gardner at Harvard, have talked about multiple intelligences 17 and they have also chided us not to rely solely on our tests 18 to measure intelligence. They emphasize that functional piece 19 and looking at that. 20 We have an article in evidence, its Exhibit B the Mikvah 21 article in the Journal of Psychiatry and Law. "Atkins v. 22 Virginia Implications and Recommendations for Forensic 23 Practice." 24 And it says at Page 154, "Some mental health experts 25 in Atkins cases have argued that when there is a substantial

key, "Some experts have argued." It doesn't say, "Research has shown." There's nothing backing that up other than someone's opinion.

Q So it's a controversial issue once you stray from full-scale I.Q., fair to say?

A Perhaps among some.

23 Q Okay.

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Now, your argument about why the full scale is not accurate. Youre assuming there you've got two valid verbal

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1 and performance scores; right, in your example?

A Correct.

Q And it gets complicated, does it not, when you have to start looking at practice effects in a situation where someone is given a Wechsler Instrument seven, eight, nine times?

A Correct. Although, again, I believe what Dr. Kaufman has written, and I may be wrong, but I believe what he said is that the practice effect occurs the most on the second administration of the test.

And its interesting that in some other psychological settings where the goal is to track, say, the effect of a drug over time, and you want to eliminate the practice effects, what they do is they administer the tests in close succession to get up to an asymptote, to get up to a level of performance, so that they can then see the effect of that intervention. And so, it may be that its the second administration.

Now, the other thing to consider here, while I agree that if you administer the same test over and over again you can see some improvement purely because of that. Even Dr. Kaufman says you also have to look at the interval, the degree of practice effect might vary depending upon the interval.

I would add to that the point that I made earlier that you have to look at whether this is the same test or

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1 simply the same format, or whether there are changes and there

2 have been changes in the I.Q. tests over the years from the

3 WISC-R to the WISC-III to the WAIS-III to the WAIS-IV that

4 introduced new, novel unfamiliar tasks that reintroduce that

novelty that is important for assessment to get a, "real

6 score?"

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7 Q Your understanding of what Dr. Kaufman's views are we

8 have in evidence they're in that blue book. There is a tab

9 which says "Kaufman Practice Effects" to your left there.

- 10 Kaufman 1994?
- 11 A Yes.
- 12 Q Do you see that. Have you read that?
- 13 A I have not.
- 14 Q Okay.

15 Let me ask you, since you reference Dr. Kaufman.

16 What he says in that article, and its in evidence, is,

17 "Clinicians should understand the average practice effect

gains in intelligence scores for children, adolescents, and

19 adults. The expected increase of about five to eight points

20 in global I.Q. renders any score obtained on a retest as a

21 likely overestimate of the person's true level of

22 functioning -- especially if the retest is given within about

23 six months of the original test, or if the person has been

24 administered a Wechsler scale (any Wechsler scale), "emphasis

25 in the original, "several times in the course of a few years."

2103 Mapou - Cross/Burt 1 He's talking there about two very different things, 2 is he not? One is giving a test within a six-month period and 3 the second thing he's talking about there is giving a Wechsler 4 scale, any Wechsler scale, several times during the course of 5 a few years. 6 This was written in 1994. 7 Q Right. 8 One has to take that in the context of intelligence 9 testing in 1994, specifically, at that time. We had two 10 iterations of intelligence tests. I believe we had the 11 WISC-III and then we has the WAIS-R. We weren't even at the 12 WAIS-III at that point. The intelligence tests that were developed were very, very similar. We did not yet see matrix 13 14 reasoning as a subtest. We didnt see visual puzzles until a 15 couple of years ago. 16 So we're dealing with similarities among the WISC-R, 17 the WISC-III, and the WAIS-R that are going to bring out those 18 practice effects. I would wonder if Dr. Kaufman has revised 19

that statement and looked at what happened when we changed to the WAIS-III or the WAIS-IV. Does that same degree of practice effect still apply?

(Continued on the next page.)

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Mapou - Cross/Burt From a hypothetical standpoint, I would think that it might be attenuated because you've changed the test, you made things that are very, very different from what they were as opposed to the similarity among the intelligence tests that were being used in 1994. (Continued on the next page.)

- 1 BY MR. BURT:
- 2 Q Well, let's take a look. In that same binder is
- 3 Dr. Kaufman's book from 2006. If you look at page 164 of that
- 4 book, he's talking about something in this section called
- 5 progressive error. Do you know what that means in reference
- 6 to practice effect?
- 7 A Yes.
- 8 Q What is your understanding of progressive error?
- 9 A That the assessment becomes less accurate over time
- 10 because of the accumulation of practice effects.
- 11 Q In more than one administration?
- 12 A I'm sorry, I --
- 13 Q Yeah. What he says under the term practice effects and
- 14 progressive error, first sentence on page 163: "With all
- 15 tests, the effects of using the same instrument repeatedly
- 16 introduce unwanted error into the analysis, a confounding
- 17 known as progressive error."
- 18 Is that your understanding of what progressive error
- 19 is?
- 20 A Yes.
- 21 O And then --
- 22 A Can you show me, though, where you are on 163, so I can
- 23 be in the same place?
- 24 Q Yeah, it's 163 at the very bottom, second column.
- 25 A So what's continuing on the next page?

elderly adults than young and middle-aged adults, this
variable still looms large in longitudinal investigations.

The practice effect may not impede the results of the first
retest in a longitudinal study, but it surely will not
disappear by the third, fourth, or fifth retest, and may be

stimuli, and it becomes questionable whether they measure

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1 intelligence as opposed to a combination of mental ability,

2 long-term memory, and the ability to apply learning sets."

3 Do you see that?

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4 A Yeah, I understand. I understand what he's saying there.

5 But, again, I would still make the point that Miller

6 intelligence test have introduced novelty into this, and that

by -- by doing so you are looking at intelligence,

8 particularly on the WAIS-IV where we have a very novel test

9 that's never been seen before.

I would also argue that there are -- again, in line with what Dr. James said, there are other ways of looking at intelligence beyond the IQ tests and that's not the only thing to look at.

Q Right, and we'll get to that.

And how is that argument that you just made about the WAIS-IV apply to the earlier scores, because he's not -- he's not given a different -- he's not given the WAIS-IV until the very end of the line here. Right?

A I actually find it fascinating that if you look at the scores from 1989 and you look at the scores in 2012, they're almost identical, although actually the IQ there would be correctly labeled verbal comprehension and conceptual reasoning because the IQ scores don't exist anymore.

To me, it's remarkably consistent, and I keep coming back to this striking consistency among these data.

- 1 Q Right. And it's strikingly consistent -- it would be
- 2 strikingly apparent that the practice effects -- if what
- 3 Kaufman is saying is right, that is you keep repeating this
- 4 test over and over again, your performance scores are going to
- 5 be elevated, that these performance scores you're seeing here
- 6 are consistently elevated. Correct?
- 7 A The performance scores are consistently higher than the
- 8 verbal skills.
- 9 Q Right. And they could be as a result of practice effect,
- 10 not as a result of some inherent ability of Mr. Wilson. Isn't
- 11 | that true?
- 12 A It could be, yes.
- 13 Q Right. So if that in fact is the case, then first of
- 14 | all, the full scale IQs are going to be overestimates of his
- 15 abilities. Correct?
- 16 A If that's the case, yes.
- 17 Q And your verbal performance analysis that you're looking
- 18 to is also going to be skewed, because you don't have accurate
- 19 performance values. You're using a value for performance
- 20 which has been bumped up as result of practice effects.
- 21 Right?
- 22 A Potentially, yes.
- Q Okay. And in terms of the point you were making, that
- 24 while the tests have changed over the years, that argument
- 25 | certainly is -- isn't going to apply to the three WISC-Cs he's

- 1 given -- excuse me, five WISC-Cs in the middle. Right? Those
- 2 are --
- 3 A The WISC-III do you mean?
- 4 Q Yeah, the WISC-III.
- 5 A Those are where it would be more vulnerable to the
- 6 practice effect.
- 7 Q Right. And the difference between the WISC-R and the
- 8 | WISC-C, they're still going to contain -- they're still going
- 9 to be subject to practice effects for the reasons Kaufman
- 10 says. Right?
- 11 You're not testing novel practice effects. Even
- whatever slight differences or any differences there are
- 13 between the WISC-R and the WISC-III, they're not significant
- 14 enough where you would have no -- where you could say with
- 15 | confidence that there's no possibility of practice effects?
- 16 A I would agree.
- 17 Q Okay. And similarly, the differences between the
- 18 WISC-III and the WAIS-III are not significant enough where you
- 19 | could say, you can rule out practice effects there?
- 20 A I would disagree with that. They're we're getting into
- 21 more significant difference, because if you look at the
- 22 subtest that make up the WAIS-III and those that make up the
- 23 WISC-III, they are different. And I mentioned this earlier,
- 24 that there were changes in which the WAIS-III is done.
- 25 There's still similarly in format, but not in the items.

Mapou - Cross/Burt

1 Q Okay.

A And what really struck me on the WAIS-III -- if you want to look at individual scores, go back to my data. The first WAIS-III in 1990 where there was a picture completion score of at the 84th percentile. And that's a test that requires reasoning. That test changed quite a bit.

Now, the scoring picture completion was pretty much always average. He's very consistent score from 1989 all the way through. It dropped on that 1991 evaluation where I believe there was some question of effort and engagement in the testing, but it pretty much was consistent, and then it really jumped up on the WAIS-III.

These were different items, they were harder items because they were designed for adults and they were also presented in a larger format, bigger pictures and full color as opposed to black and white.

I -- that -- that -- essentially, that difference there is more than a standard deviation, it's about a 15-point difference. And that I would question whether that's a practice effect. Of course, that's just one score.

Q Right. And you are -- you're not disagreeing with Dr. Kaufman that there can be practice effects across these instruments. There may be -- it may be greater if you're given the same instrument but you're not in a position to say, now these various iterations of these tests are so different

- 1 | that we can rule out practice effects?
- 2 A No, I would not disagree with that.
- 3 Q Okay. "The best measure of Mr. Wilson's intellect may
- 4 have been the first evaluation in 1989, because subsequent
- 5 evaluations were influenced by lack of improvement in school,
- due to the behavioral issues...and possible practice effects
- 7 (Performance IQ)." Right?
- 8 A Correct.
- 9 Q And when you say "it may have been the best measure of
- 10 his intellect," the best measure of his intellect when? When
- 11 | it was given or in 2003?
- 12 A That's a good question because I heard your line of
- 13 questions earlier. When I wrote that statement I was
- 14 thinking, what is the purest measure of intellect. And
- 15 Dr. Kaufman has written that often the best measure, assuming
- 16 you have a valid administration, is the very first time an
- 17 intelligence test is done.
- On the other hand, we do know that intelligence at a
- 19 young age does not predict as well intelligence in older age,
- 20 that intelligence tests results are far more stable when
- 21 you're testing a teenager than when you're testing a little
- 22 kid.
- 23 Q So that the score at age six you would agree, per the
- discussion you heard, is not going to be predictive of 2003?
- 25 A It might be, but it may be less predictive than scores at

- 1 a later age.
- 2 Q Okay. And then lastly this idea that you can look at the
- 3 discrepancies and that you're relying on Kaufman to say that
- 4 there are patterns in learning disabilities for your
- 5 perceptual greater than verbal profile here, he says, does he
- 6 not, at 327 in his book, which I think is there in front of
- 7 you?
- 8 A Yes.
- 9 Q And this is a section on learning disorders, correct?
- 10 Learning disabilities --
- 11 A Tell me where you're looking.
- 12 Q 318.
- 13 A 318?
- 14 Q Yeah, that will begin the section.
- 15 A Okay.
- 16 Q So he's -- that having this learning disability, and he's
- 17 | got a subsection "Review of Research Findings on a P greater
- 18 than V Profile." Right?
- 19 A Got it.
- 20 Q And then if you look at page 320, he's discussing a study
- 21 by Rack in 1997, in which he administered the WAIS-R to adults
- 22 | with learning disabilities?
- 23 A Yes.
- 24 Q And he notices that that study found a perceptual greater
- 25 than verbal in 78 percent of the sample but in 21 percent of

- 1 | the sample the pattern was reversed?
- 2 A I see that, that's true. But 78 percent is pretty large.
- 3 Q Yes.
- 4 A And it means that more often than not, you see that
- 5 profile.
- 6 Q Okay. We're trying to get at whether you can use this to
- 7 diagnose as opposed to just sort of taking it into account?
- 8 A No, I would never use it alone to diagnose. Again, it's
- 9 one piece of the pattern that I'm looking at, but to diagnose
- 10 you have to look at the academic skills and the academic
- 11 performance.
- 12 Q And you would also agree with me that the same kind of
- 13 pattern is present for mild -- mildly mentally retarded. In
- 14 other words, you see some patients who are performance greater
- 15 than verbal and others who are verbal greater than
- 16 performance?
- 17 A So you can see that pattern in anybody, not just mild MR.
- 18 Q Right.
- 19 A You can see that in normal individuals who have no
- 20 impairment.
- 21 Q So in that sense, there is no way to use that discrepancy
- 22 to distinguish someone with a learning disability from someone
- 23 who is intellectually disabled, just based on those
- 24 discrepancies alone. Correct?
- 25 A Based upon those discrepancies alone, correct.

Mapou - Cross/Burt

- 1 Q And that's what Kaufman says, doesn't he --
- 2 A He does.
- 3 Q -- at 327?
- He says you can't -- these things are suggestive but you cannot use them diagnostically?
- A No. But in fact, Dr. Kaufman and I were involved in a debate in 2009. We were both on the same side of the issue arguing the need for comprehensive assessment for learning
- 9 disability diagnosis.

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- Dr. Kaufman's argument was regarding why
 intelligence tests were important for learning disability
 evaluations. And the point that he made is that they are
 important because we in fact can look at these patterns of
 strengths and weaknesses using the different processing
 indices, as he called them.
- And we both agreed that the IQ test was useful as
 one tool in an evaluation and that it was especially helpful
 to look at the profile on the cognitive indices.
 - Q And you agree, too, that the profile is the same for mildly mentally retarded? In other words, you can look at these differences and point to studies that say well, there are people with mild mental retardation who have a performance greater than verbal profile?
- A I can't -- I can't comment on that because I have not read that literature.

Q Dr. Mapou, I just want to turn your attention to that same, if you flip the page under mental retardation and you — there is — there is a study there. If you could just —

A Flip the page which way, to 335?

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Mapou - Redirect/Cohen

- 1 Q To 335. And if you go down there's a study about a total
- 2 of 863 individuals.
- 3 A You're going to have to put me on the page here.
- 4 Q It's on page 335, the first column.
- 5 A First column?
- 6 Q Yeah. Instead of reading it all, if you can just read
- 7 | that to yourself, that there's a study --
- 8 A I'm sorry, I'm still not sure where you're starting.
- 9 Q Sure. The first column, 335.
- 10 A Yes.
- 11 Q Eight lines down.
- 12 A Eight lines down. "Overall, the weighted mean" -- these
- 13 sample include the total -- okay, these samples included a
- 14 total of 863 individuals, males and females, right, yes.
- 15 Q And if you can read overall where you started, "Overall,
- 16 the weighted mean."
- 17 A Yeah. Well, of the 14 samples, 10 had a performance
- 18 greater than verbal profile but one to seven while four groups
- 19 had verbal greater than performance of one to three. Overall,
- 20 the weighted performance greater than verbal discrepancy of
- 21 the 14 samples equal 2.7 points, suggesting a slight tendency
- for samples of adolescents and adults with mental retardation
- 23 to score higher on the performance than the verbal scale.
- However, three of the four samples showing the strongest
- 25 performance greater than verbal profiles, mean discrepancies

Mapou - Redirect/Cohen

- 1 of seven points had performance IQs of 84 to 86, suggesting
- 2 that the definitions of retardation may be a bit lax in some
- 3 of the investigations. For those appropriately diagnosed as
- 4 mentally retarded, a performance greater than verbal profile
- 5 may be nonexistent."
- 6 Q Does that -- what do you understand that to mean?
- 7 A Dr. Kaufman is saying that a performance greater than
- 8 verbal profile is less likely in individuals with mental
- 9 retardation and may not even exist at all.
- 10 Q Now, you were also -- I want to ask you a question about
- 11 the practice effect that you were asked on cross-examination.
- 12 You talk -- you were asked questions about potential practice
- 13 effects that could happen. Do you recall that?
- 14 A Yes.
- 15 Q And you acknowledge that there can be practice effects.
- 16 Right?
- 17 A Yes.
- 18 Q But in this case, do you see evidence here of practice
- 19 effects?
- 20 A I see a lot of evidence of stability. I don't see a
- 21 great improvement until we eliminate the verbal and
- 22 performance IQ focus and go to the verbal comprehension and
- 23 perceptual organization focus.
- When we take out the measures that are more likely
- 25 to be impaired in someone with a learning disability or ADHD,

Mapou - Redirect/Cohen

we see a larger discrepancy between the two domains. Could that improvement be practice effects? Maybe. But again, I'm struck by not improvement but just stability; in other words, keeping up with peers over time in these domains as opposed to dropping behind peers.

In people with ADHD for example, on the processing speed subtests, simple search and digit symbol, because they're slow, their peers over time are getting faster, that's accounted for in the normative data. Kids get faster over time. So at age ten, let's say, average is 60 seconds, but by age 14, average has to be 90 seconds. The ten-year-old with ADHD might be average doing the test in 60 seconds at age ten, but at age 14 he's still doing the test at 60 seconds. So he's gone down now. That's no longer going to be average in comparison with his peers.

What I think is interesting, we know from neuropsychological studies that these measures of processing speed, digit symbol, symbol search, trail making, if you do these over and over again, that's where you actually see the most practice effects, they're mechanical repetitive tests with the same stimuli. That's where people are most likely to get better.

But that's not what we see. What we see if we start out, we see coding of 12 at age six. Next we see coding of six. We see coding low average in the next one. And then at

Mapou - Redirect/Cohen

1 age 12, coding is four. At age 17, it's about the same. What 2 that suggests to me is exactly that profile, that he stayed 3 the same speed-wise. He didn't show any practice effects 4 Speed stayed about the same. So the score actually 5 dropped on those as opposed to the other areas. And 6 particularly when you factor in the changes in some of the 7 performance tests where the scores actually went up on 8 different tests. 9 Okay. And when we -- on cross-examination when you were 10 asked about practice effects, you were also asked about that 11 in respect -- with respect to the discrepancy. The very first 12 test in 1989, there's a discrepancy between the verbal and 13 performance, or is there a discrepancy? 14 There is a discrepancy. It's nine points, so it's less 15 than a standard deviation. I think it's reasonable to report 16 the full scale IQ then, which is in the low average range. 17 But the greater performance versus verbal, obviously 18 there couldn't be any practice effect with respect to that 19 test. Is that --20 Correct. 21 Now, you were also -- one more question. You were also 22 asked about in your report the sentence, therefore, the full 23 scale IQ was typically not an accurate reflection of his true 24 abilities because it reflected scoring -- scores measuring two

very different ability areas. That was read to you from page

In a legal context, I would agree with the latter, that you can look at the score but you have to take into consideration the fact that these are two very different scores. Does that distinction make sense?

Q That's exactly what I was wondering.

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MS. COHEN: Thank you, your Honor, no further questions for the witness.

RECROSS-EXAMINATION

Mapou - Recross/Burt

- 1 BY MR. BURT:
- 2 Q Now, just on that portion of Kaufman that she read to
- 3 you.
- 4 A Yes, sir.
- 5 Q In the next paragraph he says: "The research on IQ
- 6 particularly Wechsler IQ, has indicated that there is not one
- 7 | simple pattern of performance on IQ test that is consistent
- 8 | across individuals with mental retardation."
- 9 A I'm sorry, can you show that -- again, I'm having trouble
- 10 finding it right away.
- 11 Q 336.
- 12 A 336, okay. This was back on 335. So if we're on 336.
- 13 Q Second paragraph.
- 14 A I'm sorry, is this under the heading "Clinical
- 15 | Implications of Finding"?
- 16 O Yes.
- 17 A Okay. In that paragraph.
- 18 Q The next column over, the same page.
- 19 A The next column over. Now I found it.
- 20 Q He says: "The research on IQs, specifically Wechsler IQ,
- 21 has indicated that there is not one simple pattern of
- 22 performance IQ test that is consistent across individuals with
- 23 mental retardation."
- Do you agree with that?
- 25 A Yes.

Mapou - Recross/Burt

- 1 Q Okay. And then the last thing is, when you're --
- 2 A But there's a second sentence after that.
- 3 Q Yeah. "Thus without examination..."
- 4 A "...of an individual's profile..."
- 5 Q Right.
- 6 A "Individual's profile," which is the point that I made
- 7 earlier. Assumptions about the functioning of an individual
- 8 | with mental retardation cannot be made on the basis of what is
- 9 known from studies of group data. That emphasizes my report
- 10 earlier where I said it depends on the individual, and that's
- 11 what you have to look at.
- 12 Q Right. And when you look at the individual, what you're
- 13 assuming here -- are you assuming that you can look at these
- 14 score totals and say that well, since between two points in
- 15 | time the score didn't go up, that there was no practice
- 16 effects here?
- 17 A No, I can't conclude that entirely.
- 18 Q Because there are many variables that can affect
- 19 performance on any individual case?
- 20 A Correct.
- 21 Q So you can't look at these patterns and say, well,
- 22 they're relatively stable and therefore you've got a good
- 23 overall profile here, unless you take into account also the
- 24 influence of practice effects which is a confounding variable.
- 25 Correct?

Mapou - Recross/Burt

1 You know, I would agree it's a confounding variable. One 2 of the things that I frequently have when I see folks is a 3 series of IQ tests that have been done over the years on --4 you know, from little kid up to young adults. And I would say 5 this -- this level of consistency isn't that common. So it 6 really strikes me when I see this amount of consistency. 7 I see kids who start at one place and they're really 8 good in another place, often when they're tested by an 9 admissions counselor who is trying to get them into the school 10 and their tests drop again. And they go to college and they 11 learn how to do things more effectively, so their skills go 12 up. 13 But I still give weight to the consistency in these 14 scores while acknowledging that practice effects can play. 15 Some role the difficulty always is this is complex and it's 16 hard to tease out every variable. 17 Thank you, that's all I have. MR. BURT: 18 Anything else? THE COURT: 19 MS. COHEN: Nothing further, your Honor. 20 THE COURT: I have one question. When did 21 Dr. Kaufman die? 22 THE WITNESS: Dr. Kaufman? 23 THE COURT: Yeah. 24 THE WITNESS: Dr. Kaufman is alive and well.

THE COURT: You're kidding?

Case 1	04 cr 01016 NCC Document 1534 Filed 02/09/16 Page 164 of 205 PageID #: 17848 		
	Mapou - Recross/Burt		
1	THE WITNESS: I'm not kidding.		
2	THE COURT: That's very interesting because he's		
3	been in this room but I thought only his spirit was in this		
4	room.		
5	THE WITNESS: No, Dr. Kaufman is quite well and		
6	still working actively.		
7	THE COURT: I'm very happy to hear that. You're		
8	excused, you may stand down.		
9	THE WITNESS: Thank you, your Honor.		
10	THE COURT: Anything else?		
11	MS. COHEN: No, your Honor. I don't think I need		
12	the witness. I just realized I never offered this witness's		
13	report as Government Exhibit 68, and his raw data is marked as		
14	Government Exhibit 69.		
15	THE COURT: Any objection?		
16	MR. BURT: No, your Honor.		
17	THE COURT: Government Exhibits 68 and 69 are		
18	received in evidence without objection.		
19	(Government's Exhibit 68 and 69 received in		
20	evidence.)		
21	THE COURT: Any other witnesses?		
22	MS. COHEN: No, your Honor. The government rests.		
23	THE COURT: All right. Anything else from the		
24	defense for the hearing?		
25	MR. BURT: No, your Honor.		

Mapou - Recross/Burt

THE COURT: Okay. Then let's go over the schedule for briefing. I'm going to set a schedule for briefing. The defense brief is due on December 21st, the government's response is due on January 4th, and any responsive briefing by the defense is due on January 11th.

I'm permitting 50 pages for each of the opening two briefs and 20 pages for the reply, if any. Of course, brevity and conciseness is deeply appreciated. If you can do it in less than 50 pages, it will be appreciated.

Now, I'd emphasize that this is a close case as is clear from the testimony over the last week and a half and the parties briefing should be thorough but concise. You can consolidate the pertinent portions of the documentary and testimonial evidence in the case and should provide any case law that would be helpful to the court's decision.

The briefing should address all of the issues relevant to the merits of this motion but there are several particular areas of concern, and I'm going to identify them so that you will be clear as to what I mean.

First, as a general matter, whether the mental retardation inquiry is ultimately an issue of law or fact. In other words, is the court required to ask simply whether the scientific community would consider Mr. Wilson to be mentally retarded; that is — and when I say mentally retarded, I'm using the terminology that was used in Atkins for the purposes

Mapou - Recross/Burt

of this discussion, even though I understand that in more recent time intellectual disability has been substituted for mental retardation in the literature.

So that is must the court determine the most reliable definition of current psychological thinking and simply apply that definition; or, are there underlying legal considerations that the court must undertake in making an essentially legal determination.

For example, A, the rational set forth in Atkins such as the low — the Torrance effect of sentencing mentally retarded individuals to death and the risk of false confessions; and, B, whether a particular definition of mental retardation would be consistent with general Eighth Amendment principles.

Second, whether the court must apply modern clinical definitions of mental retardation or the definitions in place at the time of the Atkins decision.

Third, whether there are important differences between the AAIDD definitions of mental retardations and those set forth in the DSM-IV-TR; and, if so, to which the court should give more weight.

Fourth, whether the adaptive functioning prong of the mental retardation inquiry informs the intellectual functioning prong; and, if so, precisely how.

Fifth, whether there exists an IQ score above which

Mapou - Recross/Burt

a person cannot be considered mentally retarded. If not, then how exactly should the court analyze Mr. Wilson's IQ scores.

For example, the AAIDD manual requires intelligence approximately two standard deviations below the mean and the DSM-IV-TR requires approximately an IQ score of 70, what away does approximately mean. Does it mean simply that the court must apply a confidence interval; and, if the low end of the interval is above 70, then Mr. Wilson does not satisfy prong one or does it mean that the low end of the confidence interval must be approximately 70.

Sixth, how the court should consider varying IQ scores, some of which would support a finding of mental retardation and some of which do not.

Seventh, the importance of the raw data. If there is insufficient raw data to fully analyze an IQ score, should the court give less weight to that IQ score or should the court presume that the administrator properly conducted the test.

Eighth, the importance of prorating an IQ test; and, if prorating is important, whether Dr. Nagler prorated the IQ test she conducted on Mr. Wilson.

Ninth, whether the court should apply the Flynn effect.

Tenth, whether the court should take what's been referred to as practice effects into account; and, if so, how

Mapou - Recross/Burt

exactly this phenomena should affect the way the court looks at Mr. Wilson's IO scores.

For example, should the court apply some sort of adjustment to the more recent IQ score similar to the Flynn effect, or should it simply give less weight to the performance portion of the later IQ scores.

And finally, the importance of the fact that Mr. Wilson's experts did not conduct an IQ test. The court understands the defense's position that a current IQ test would be distorted by practice effects but also understands that these practice effects would affect only his performance IQ. Would it not have been helpful for the defense experts to gauge at least Mr. Wilson's verbal IQ.

Now, these areas are not exclusive and the parties should, of course, present their arguments in the manner that they consider persuasive. But I wanted to flag these issues that have been -- that I and we have been struggling with throughout the hearing.

In addition, I'd like to know where we are on the preparation of a questionnaire for the venire should the motion be denied. Can someone fill me in on that?

MR. STERN: We sent the government a proposal and asked them for their suggestions. They've been busy. I'm not faulting them at all. But I assume they'll make their suggestions or objection. We'll try and work it out. To the

what we tell the venire about what happened in the first case

venire on -- whether we tell -- what we tell the venire about

the remand and the prior -- and what we tell -- in effect,

And that is whether we question the

THE COURT:

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Mapou - Recross/Burt

where the defendant received the death penalty from the jury and what we say about the reasons why -- the reason why the case was sent back for a second penalty phase.

My concern is -- as long as we're discussing it, my concern is that if we don't advise the venire about this, they're going to know about it anyway by virtue of just being out in the world and they tell someone that they're on this -- they're being considered for this case, someone may just say, well, that's the case where the death penalty was imposed and then there was a reversal, and the penalty portion has to be retried.

So on that, I need to have your views as to what we do, how we do it.

MR. McGOVERN: Okay.

THE COURT: If we do it. But I'm inclined to do it.

MR. McGOVERN: Well, thank you for advising me. would imagine that's something you all have spoken to -- spoken about this issue in other instances where the government wasn't present. But I will definitely --

THE COURT: I had mentioned it at an ex parte on something else, and it's something that I needed to raise with everybody as I said at that time. And according to Mr. Stern, he has done -- there is something in the proposal on that subject.

MR. STERN: Correct. We have incorporated questions

Yes.

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MR. BURT: Your Honor, just one question about the exhibits, and especially in light of the court's order regarding the briefing. There was some discussion among us that the court might like to see the AAIDD manual that was in existence at the time Atkins was decided. And we have not formally marked that as an exhibit but if there is no objection, I would put in a full copy of that manual as Exhibit W.

THE COURT: Is there any objection?

Case 1	:04 er 01016 NCC - Decument 1534 - Filed 02/09/16 - Page 175 of 205 PageID #: 17859 2137
	2137
1	INDEX
2	WITNESSES: PAGE
3	Robert L. Denney Cross/Burt1965
4	Redirect/McGovern
5	Robert L. Mapou
6	Direct/Cohen
7	Redirect/Cohen
8	
9	DEFENDANT'S EXHIBITS MARKED IN EVIDENCE
10	U
11	W
12	
13	GOVERNMENT'S EXHIBITS MARKED IN EVIDENCE
14	103, 104 and 105
15	Recross/Burt
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	

,	2093/25 2097/7 2127/7	63 [2] 1993/7 2087/9
C <u>ase 1:04-cr-01016-NGG Doc</u> u	29 84 153473/14 led 02/09/16 Pa	6
189 1 1977/21 1977	20-something [1] 1994/1	67 [1] 1993/7 68 [4] 2126/13 2126/17 2126/19 2137/14
-	2000 [2] 2049/1 2049/20	69 [4] 2126/14 2126/17 2126/19 2137/14
and [1] 2095/8	2002 [1] 1998/18	7
badly [1] 2084/24 its [1] 1967/6	2003 [10] 1974/24 1975/23 1976/5 1977/11 1977/22 1977/23 1978/1 2080/2 2112/11	70 [9] 1990/20 2035/6 2053/5 2087/8 2095/6
ts [1] 1507/6 summary [1] 2074/5	2112/24	2096/8 2129/5 2129/8 2129/10
we're [1] 2008/8	2005 [2] 2081/4 2082/3	70s [1] 2034/18
x [2] 1963/2 1963/7	2006 [4] 2014/22 2105/3 2106/4 2116/9	718 [2] 1964/13 1964/14
•	2008 [1] 1998/12 2009 [2] 2003/13 2115/7	76 [2] 1992/20 1996/8 78 [1] 1995/2
of [1] 2124/4	2010 [2] 1990/25 1998/12	78 percent [2] 2113/25 2114/2
3 [1] 2002/7	2012 [5] 1963/6 1995/4 2047/16 2049/21	8
.33 [1] 2000/23 .40 [1] 2002/2	2108/20	80 [4] 2000/24 2002/2 2046/23 2047/13
0		81 [1] 1967/6
	21st [1] 2127/3	84 [1] 2119/1
04-CR-1016 [1] 1963/3	.22 [2] 2040/18 2094/5 225 [2] 1963/4 1964/12	84th percentile [1] 2111/5 85 [4] 2047/17 2086/23 2086/24 2095/9
1	23 [4] 2038/24 2094/3 2094/8 2122/1	86 [1] 2119/1
10 [1] 2118/17	25 [1] 1995/2	863 [2] 2118/2 2118/14
100 [3] 1963/20 2086/12 2095/6 1000 [1] 1963/23	To percent [1] 2000/e	89 [2] 2000/24 2002/2 8th [1] 1964/2
1000 [1] 1903/23 10013 [1] 1964/2	P	
1016 [1] 1963/3	260 [1] 1984/8	9
102 [1] 2047/18	260 hours [1] 2005/18	90 [4] 1966/2 1967/13 1967/20 2120/11
103 [7] 2045/11 2045/13 2046/4 2046/8 2046/10 2047/2 2137/14	2606 [1] 1964/13	90 days [1] 2008/24 90 percent [1] 1966/15
104 [8] 2045/11 2045/13 2045/24 2046/4	262 [1] 1984/7 2696 [1] 1964/14	90-day [1] 2009/6
2046/8 2046/10 2046/14 2137/14	271 [1] 1963/15	93 [1] 2047/14
105 [6] 2045/12 2046/4 2046/8 2046/10	29 [1] 2075/12	94103 [1] 1963/23
2047/24 2137/14 11201 [3] 1963/5 1963/16 1964/13	2:30 [1] 2136/2	95 [3] 1967/17 1967/21 2096/9 95 percent [4] 1966/2 1966/14 1966/18
11th [2] 1998/15 2127/5	3	1967/14
12 [4] 2011/12 2011/15 2120/24 2121/1	30 [2] 2009/2 2014/12	96 [1] 2051/7
120 [2] 2086/8 2086/12		97 [1] 2062/4
125 [2] 1969/12 1971/23 126 [2] 1970/19 1971/24	30 seconds [1] 2075/22	98 [1] 2051/22 99 [2] 1964/2 2025/7
13 years [1] 1982/16	31 [1] 2040/4 318 [2] 2113/12 2113/13	9:00 [1] 1963/7
130 [1] 2086/8	320 [1] 2113/20	9:30 [3] 2007/16 2007/16 2007/20
14 [4] 2118/17 2118/21 2120/11 2120/13	327 [2] 2113/6 2115/3	\mathbf{A}
15 [1] 2116/14 15 points [1] 2096/2	334 [1] 2116/1 335 [5] 2117/25 2118/1 2118/4 2118/9	a of [1] 1978/3
15-point [2] 2087/10 2111/18	2123/12	A-n-a-s-t-a-s-i [1] 2052/4
151 [1] 2003/17	336 [3] 2123/11 2123/12 2123/12	A.M [1] 1963/7
154 [1] 2099/24 16 [2] 1970/23 1973/22	344 [1] 2082/23	AAIDD [11] 2017/2 2017/7 2025/16 2066/20 2069/3 2087/21 2089/7 2091/12 2128/19
163 [4] 1984/10 2105/14 2105/22 2105/24	35 [1] 2074/2 35-page [1] 2034/4	2129/3 2133/20
164 [1] 2105/3	3:30 [2] 2007/17 2007/20	ABAS [2] 2073/1 2073/5
165 [1] 1984/12	4	abilities [9] 1991/24 2013/3 2034/17 2038/25
16th percentile [2] 2086/23 2088/5 17 [2] 1995/2 2121/1	40 [1] 2009/1	2053/25 2094/9 2096/10 2109/15 2121/24 ability [21] 1984/17 1984/18 1994/8 2016/6
18 [21] 1974/12 1974/23 1978/4 1995/4	40 [1] 2009/1 400 [1] 1963/23	2016/22 2018/14 2018/14 2018/25 2024/16
2009/1 2010/7 2010/12 2019/11 2020/18	41 [1] 1966/8	2036/6 2036/9 2042/24 2043/3 2075/6
2020/25 2021/1 2021/16 2021/18 2022/12	44 [1] 1979/21	2075/14 2091/25 2094/10 2108/1 2108/2
2022/17 2022/17 2025/15 2074/6 2074/9 2077/25 2079/7	45 days [1] 2009/2 45 minutes [1] 2007/22	2109/10 2121/25 able [7] 2008/19 2033/22 2035/18 2057/4
18 years [1] 2010/15	45 minutes [1] 2007/22 47 [1] 2091/13	2058/17 2066/17 2082/13
19 [1] 2072/2	4th [1] 2127/4	abnormalities [3] 2082/2 2082/3 2082/5
1989 [6] 2048/14 2049/16 2108/20 2111/8	5	about [122] 1966/2 1966/13 1967/25 1968/5
2112/4 2121/12 1990 [1] 2111/4	50 [4] 1974/12 2035/6 2127/6 2127/9	1969/9 1970/3 1970/23 1972/19 1972/22 1976/3 1980/10 1981/3 1982/13 1982/14
1991 [3] 2048/14 2049/16 2111/9	501 [1] 1963/20	1982/18 1982/22 1982/24 1983/7 1985/11
1992 [1] 1969/19	51 [3] 1996/24 2084/25 2085/4	1985/11 1992/8 1994/6 1994/12 1996/18
1994 [4] 2102/10 2103/6 2103/9 2104/5 1997 [1] 2113/21	6	1998/25 1999/11 1999/22 2000/5 2001/11 2003/4 2003/5 2004/20 2007/17 2007/22
1997 [1] 2113/21 1998 [2] 2048/13 2049/16	60 [8] 1995/13 2008/24 2034/19 2035/6	2003/4 2003/5 2004/20 2007/17 2007/22 2008/11 2008/15 2011/13 2015/15 2015/16
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about... [58] 2046/23 2051/16 2051/21
2055/2 2055/11 2056/7 2056/13 2067/7
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2070/11 2070/23 2076/24 2081/6 2085/17
2086/6 2086/16 2086/25 2087/14 2090/20
2090/21 2092/24 2094/20 2095/17 2099/16
2100/24 2102/19 2102/22 2103/1 2103/3
2105/4 2106/6 2107/14 2107/15 2108/15
2111/18 2118/1 2119/10 2119/12 2121/1
2121/4 2121/10 2121/10 2121/22 2122/3
2124/7 2131/23 2131/25 2132/2 2132/5
2132/6 2132/18 2133/4 2133/11 2133/17
above [9] 2039/19 2050/25 2051/2 2053/15
2053/21 2057/25 2081/14 2128/25 2129/8
absence [2] 2015/24 2016/1
absolutely [10] 1972/10 2006/6 2006/10
2012/9 2018/25 2059/3 2069/11 2070/1
2091/9 2134/1
abstract [1] 2038/20
academic [29] 2018/4 2022/2 2022/9 2022/12
2022/20 2030/11 2030/25 2032/14 2032/16
2032/16 2034/13 2034/19 2035/4 2036/10
2054/16 2054/25 2058/7 2058/11 2061/4
2063/12 2064/22 2065/1 2065/18 2065/24
2066/9 2068/10 2076/10 2114/10 2114/10
academics [6] 2017/16 2017/25 2019/12
2021/19 2021/20 2022/24
acceptance [1] 2003/21
access [1] 2074/20
accessed [1] 2134/25
accidents [1] 1977/13
accommodations [1] 2076/2
according [3] 2034/10 2066/4 2132/22
account [14] 1978/18 1979/16 1995/22
2004/22 2032/3 2049/19 2059/14 2060/1
2060/14 2080/1 2088/9 2114/7 2124/23
2129/25
accounted [4] 2063/5 2063/11 2069/7 2120/9
accounts [1] 2088/15
accumulating [1] 2039/15
accumulation [1] 2105/10
accuracy [2] 2075/18 2097/5
accurate [8] 2044/10 2094/9 2096/10 2099/3
2100/25 2105/9 2109/18 2121/23
achievement [7] 1976/15 2016/2 2016/3
2058/2 2085/12 2086/1 2087/23
acknowledge [1] 2119/15
acknowledged [1] 2091/12
acknowledging [1] 2125/14
across [11] 1985/17 2001/15 2001/17 2012/5
2027/16 2060/18 2096/24 2111/22 2123/8
2123/22 2135/20
acting [2] 2024/20 2024/21
actively [1] 2126/6
activities [3] 2066/1 2066/1 2068/15
actual [1] 2044/6
actually [44] 1966/15 1973/6 1974/19
1986/19 1986/22 1989/20 1992/15 2000/5
2000/23 2004/7 2006/3 2007/12 2012/17
2020/17 2028/8 2036/2 2036/4 2041/19
2044/8 2045/15 2048/12 2050/4 2050/23
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2058/17 2060/24 2075/13 2075/20 2079/6
2079/15 2079/24 2081/12 2097/4 2098/22
2106/6 2108/19 2108/21 2120/19 2121/4
2121/7
adapted [1] 2116/14
adaptive [31] 2010/16 2017/3 2017/6
2020/20 2020/24 2021/14 2021/17 2022/16
2024/22 2025/13 2025/14 2063/23 2064/1
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addition [5] 2003/24 2029/24 2049/6 2079/4
2130/19
additional [3] 1972/23 2085/15 2131/19
address [2] 2093/21 2127/16
addressed [1] 1993/14
addressing [2] 2133/1 2133/2
adequate [7] 2030/12 2039/19 2076/14
2077/19 2078/15 2091/1 2098/18
ADHD [52] 2027/16 2027/19 2028/17 2029/4
2029/8 2029/10 2029/13 2029/19 2029/25
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2082/4 2090/19 2090/20 2090/21 2090/23
2092/15 2092/21 2093/6 2093/10 2093/13
2119/25 2120/6 2120/12
Adjourned [1] 2136/16
adjustment [7] 2000/6 2000/23 2003/3
2003/9 2003/23 2022/25 2130/4
adjustments [1] 2001/22
administer [3] 2073/8 2101/13 2101/19
administered [4] 2044/5 2048/25 2102/24
2113/21
administering [1] 1973/19
administering -- well [1] 1973/19
administration [12] 1969/21 1969/24 1970/6
1970/8 1971/6 1981/10 2005/6 2007/21
2101/9 2101/17 2105/11 2112/16
administrator [1] 2129/17
admission [2] 2071/6 2071/7
admissions [1] 2125/9
admit [1] 2059/1
admitted [3] 2014/25 2046/8 2135/5
Adolescent [1] 2116/7
adolescents [4] 1973/21 2027/19 2102/18
2118/22
adult [5] 2036/8 2038/19 2049/14 2059/7
2116/7
adults [19] 1974/12 2027/19 2028/16 2029/8
2029/10 2056/25 2066/15 2075/9 2075/16
2077/15 2102/19 2106/11 2106/11 2106/21
2106/21 2111/14 2113/21 2118/22 2125/4
advice [1] 2134/9
advise [1] 2132/5
advised [1] 2071/19
advising [1] 2132/16
advocating [2] 2094/12 2096/3
affect [7] 2016/8 2031/12 2096/14 2106/9
2124/18 2130/1 2130/11
affected [7] 1985/7 2019/9 2044/19 2044/25
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affiliated [1] 2027/10
afford [1] 2071/3
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after [18] 1971/16 1976/18 1979/8 1981/10
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    2125/10
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    alive [1] 2125/24
    all [115] 1965/9 1969/16 1971/1 1971/7
    1976/1 1977/3 1979/6 1979/7 1979/13
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    2130/24 2131/4 2131/7 2131/18 2132/17
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    2136/12
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2048/9 2049/21 2049/22 2050/13 2054/9

apart [1] 1977/20 melneize53408年中 02/09/16 Page 117819702057平20157102#19177862 ase 1:04-cr-0 allow...[1] 2096/15 01016-NGG apparent [2] 2073/2 2109/2 1978/22 1987/9 2006/19 2040/19 2042/5 allows [1] 2042/10 appear [5] 1971/9 2001/21 2049/7 2065/22 2056/1 2072/22 2100/8 2102/15 2119/10 almost [4] 2084/7 2089/23 2108/21 2131/18 2074/18 2127/22 alone [3] 2114/8 2114/24 2114/25 asked [22] 1971/15 1975/13 2017/9 2031/23 appearance [1] 2013/4 along [3] 1987/7 2080/25 2106/14 Appearances [1] 1965/9 2031/23 2031/25 2057/17 2057/20 2058/24 already [9] 1970/4 2034/7 2048/1 2051/6 appears [2] 2000/9 2011/18 2063/9 2085/17 2100/6 2119/11 2119/12 2051/9 2051/23 2053/8 2062/2 2106/6 applicability [1] 2004/17 2121/10 2121/10 2121/22 2122/3 2122/4 also [67] 1964/6 1989/6 1991/7 1992/7 application [2] 1998/25 2004/20 2122/7 2122/7 2130/23 applied [2] 2014/22 2072/6 1997/13 1997/21 2001/4 2009/25 2010/12 asking [5] 1985/2 1985/6 2004/14 2021/10 2017/5 2023/15 2027/20 2028/20 2029/9 applies [1] 2098/24 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2021/24 assumed [1] 2091/25 AMMR [1] 1969/19 2027/25 2029/25 2031/7 2039/20 2050/17 assuming [4] 2100/25 2112/15 2124/13 among [11] 1973/21 2003/18 2042/14 2053/5 2055/9 2064/22 2087/21 2089/24 2124/13 2053/24 2058/19 2095/21 2100/22 2103/16 2090/1 2095/14 assumption [1] 2089/6 areas [32] 1992/5 2017/5 2017/10 2017/11 2104/4 2108/25 2133/19 Assumptions [1] 2124/7 amount [4] 1987/17 2000/4 2002/6 2125/6 2017/15 2017/21 2017/24 2018/12 2021/11 assure [1] 1997/3 analysis [16] 1998/22 1998/23 2016/16 2021/15 2029/12 2029/15 2029/20 2031/5 asymptote [1] 2101/14 2020/11 2021/17 2036/17 2042/9 2042/9 2031/6 2031/7 2034/5 2043/22 2043/22 athletes [1] 2031/19 2051/14 2064/10 2093/15 2093/16 2093/25 2056/14 2056/15 2065/7 2067/5 2069/11 Atkins [10] 2003/21 2004/20 2004/21 2094/4 2105/16 2109/17 2089/14 2094/10 2095/20 2095/21 2121/5 2073/14 2099/21 2099/25 2127/25 2128/9 analytic [3] 1989/15 1989/18 1989/20 2121/25 2127/18 2130/14 2128/17 2133/21 analyze [3] 2038/16 2129/2 2129/15 argue [8] 1998/10 2048/21 2049/15 2049/18 Atlanta [1] 2028/7 analyzed [1] 2050/4 2098/20 2099/3 2108/10 2117/1 attached [1] 2006/17 argued [2] 2099/25 2100/17 Anastasi [1] 2052/4 attack [1] 2107/21 Anne [1] 2052/4 arguing [1] 2115/8 attempt [1] 2006/1 another [24] 1969/22 1978/8 1979/3 1979/4 argument [10] 2000/12 2002/16 2092/15 attention [18] 2005/16 2005/17 2005/22 1985/1 1985/12 2021/4 2032/2 2040/4 2044/5 2092/20 2092/23 2093/5 2100/24 2108/15 2027/15 2029/25 2036/6 2036/21 2037/14 2045/12 2049/21 2054/14 2058/20 2063/5 2037/17 2037/24 2042/23 2043/8 2043/13 2109/24 2115/10 2063/11 2065/13 2068/22 2082/16 2088/12 arguments [5] 2002/17 2002/24 2007/7 2044/14 2076/21 2078/11 2093/12 2117/22 2088/21 2099/8 2125/8 2133/6 2089/20 2130/15 attenuated [1] 2104/2 arithmetic [2] 2016/4 2031/8 answer [9] 1970/1 1970/2 1971/2 1971/17 Attorney [2] 1963/14 1963/15 2008/10 2030/17 2035/22 2066/18 2097/24 attorneys [4] 2005/19 2007/6 2013/8 2013/14 arose [1] 2066/6 answers [1] 1970/12 around [13] 1976/23 2034/19 2035/5 2035/6 attribute [2] 2020/16 2024/7 any [47] 1976/22 1980/3 1981/21 1983/7 2038/8 2041/8 2041/13 2041/18 2046/23 attributed [2] 2021/4 2023/24 1983/9 1983/17 1983/20 1984/22 1991/22 2047/14 2068/7 2094/14 2131/9 auditory [2] 2042/23 2044/14 1992/22 1999/17 2003/3 2005/5 2009/21 authored [2] 1968/9 1968/12 arrange [1] 2135/23 2011/24 2013/4 2014/15 2018/14 2025/3 arrangement [2] 2037/2 2043/5 authors [2] 1989/17 2004/5 2025/4 2025/7 2029/21 2046/5 2052/17 arranging [1] 2037/3 authors' [1] 1989/19 2053/6 2057/17 2057/18 2063/12 2069/1 article [28] 1986/24 1987/1 1987/5 1987/10 automatic [1] 2056/6 2072/18 2074/11 2080/17 2081/22 2087/25 1987/12 1990/3 1990/24 1991/1 1997/10 availability [1] 2091/2 2102/20 2102/24 2103/4 2110/12 2121/3 1997/11 1997/13 1998/1 1998/2 1998/8 available [6] 1997/8 2004/6 2076/17 2076/22 2121/18 2124/19 2126/15 2126/21 2127/4 2000/17 2000/22 2001/21 2004/6 2004/12 2116/20 2134/21 2127/7 2127/14 2133/25 2005/22 2007/3 2013/1 2014/20 2099/20 average [55] 2002/7 2022/7 2025/11 2035/2 anybody [3] 1995/16 2025/5 2114/17 2099/21 2100/9 2102/16 2116/3 2035/3 2035/5 2039/19 2040/9 2040/9 anymore [3] 2036/14 2056/7 2108/23 articles [10] 1986/18 1997/14 1997/25 2047/22 2050/24 2050/25 2050/25 2051/1 2005/16 2005/21 2006/2 2006/16 2007/5 anything [15] 1973/13 1991/24 1992/1 2051/1 2051/2 2053/14 2053/15 2053/21 2019/24 2038/20 2081/6 2089/23 2117/2 2053/21 2054/6 2054/20 2054/22 2055/3 2029/6 2135/4 2125/18 2126/10 2126/23 2133/15 2135/12 articulating [1] 2021/25 2055/3 2057/25 2058/1 2062/13 2062/13 2136/3 2136/6 articulation [1] 2033/10 2071/17 2071/18 2075/20 2075/23 2083/17 anyway [1] 2132/6 2086/5 2086/11 2086/12 2086/19 2086/21 as [207] anywhere [2] 1979/17 2076/25 aside [5] 2007/13 2064/23 2065/3 2098/3 2088/4 2092/16 2092/17 2095/10 2095/13

2098/22

Ase 1:04-cr-01016-NGG Doaverage... [11] 2095/15 2096/9 2096/14 2102/17 2111/8 2120/10 2120/11 2120/12 2120/14 2120/25 2121/16 averaged [1] 2096/9 averaging [1] 2095/4 avoid [1] 2134/24 aware [4] 2064/11 2087/25 2088/2 2135/15 away [7] 1981/9 1982/12 1982/25 2095/14 2099/11 2123/10 2129/5 awhile [1] 2006/9

B

back [25] 1972/20 1979/1 1999/20 2004/11 2011/13 2011/20 2012/1 2012/2 2016/12 2020/17 2023/13 2033/14 2041/3 2042/24 2048/10 2053/3 2057/5 2058/4 2067/7 2080/2 2107/11 2108/25 2111/3 2123/12 2132/3 background [6] 2028/4 2057/14 2060/2 2060/5 2060/14 2083/17 backing [1] 2100/18 backwards [2] 1974/4 2036/8 bad [3] 2016/19 2016/23 2016/23 badly [1] 2084/24 band [3] 1966/18 1966/20 1966/21 bands [2] 2000/1 2001/6 Barkley [1] 2055/11 barring [2] 1977/13 1977/15 based [52] 1996/25 2001/25 2006/15 2007/9 2020/20 2031/10 2032/19 2032/24 2033/2 2034/11 2034/21 2038/25 2039/5 2039/12 2039/23 2043/15 2050/23 2052/1 2052/14 2054/2 2054/5 2054/24 2059/4 2059/13 2060/20 2061/2 2062/16 2064/21 2067/9 2073/24 2074/16 2075/16 2076/15 2077/19 2079/13 2079/15 2079/16 2079/21 2080/10 2083/4 2083/13 2083/19 2084/10 2084/19 2090/17 2090/24 2094/4 2095/11 2096/24 2098/25 2114/23 2114/25 basic [3] 1988/20 2055/17 2089/6 basically [2] 2020/18 2094/12 basis [9] 2002/7 2033/18 2034/3 2034/3 2092/22 2093/11 2097/19 2117/7 2124/8 be [194] bear [1] 2075/11 became [4] 2023/7 2024/11 2076/4 2077/10 because [101] 1972/16 1973/4 1973/15 1973/16 1975/24 1976/5 1976/13 1976/17 1980/2 1980/9 1980/14 1980/25 1981/10 1981/21 1987/20 1989/4 1992/10 1996/15 2001/7 2002/4 2006/1 2010/11 2010/24 2011/20 2013/19 2016/18 2018/9 2018/21 2019/20 2022/3 2022/22 2023/4 2023/23 2024/15 2025/9 2027/21 2028/17 2031/20 2031/21 2041/4 2043/13 2043/20 2044/12 2045/16 2048/22 2052/15 2052/24 2053/11 2054/4 2055/9 2056/10 2058/16 2063/15 2067/25 2068/5 2069/21 2072/5 2072/22 2076/16 2077/16 2077/22 2079/1 2080/13 2080/24 2081/2 2081/10 2081/21 2082/25 2084/2 2084/8 2087/7 2090/20 2090/25 2092/18 2092/24 2093/9 2094/6 2094/9 2096/12 2097/4 2098/1 2098/10 2101/20 2104/2 2105/10 2106/6 2106/15 2108/16 2108/23 2109/18 2110/21 2111/14 2112/4 2112/12 2115/13 2115/24 2120/7 2121/24 2122/9 2124/18 2126/2 become [2] 2009/7 2056/6 becomes [6] 1973/4 1984/16 2044/9 2069/12 2105/9 2107/25 been [67] 1965/3 1970/5 1970/18 1986/1 1988/15 1990/9 1990/14 1990/23 1990/25

1991/6 1992/4 1992/12 1994/1 1994/2

1995/19 1995/20 1997/2 1997/8 2000/12 2004/6 2051317 2014/14/2036/15/2030/6 2032/12 2032/15 2035/9 2035/23 2036/14 2041/6 2044/4 2044/5 2048/24 2049/17 2049/24 2050/8 2052/1 2057/12 2059/18 2059/20 2068/18 2068/22 2071/10 2072/2 2072/6 2072/8 2073/12 2077/8 2079/18 2081/16 2082/6 2102/2 2102/23 2106/2 2108/9 2109/20 2112/4 2112/9 2125/3 2126/3 2128/2 2129/24 2130/12 2130/17 2130/17 2130/23 2135/5 before [16] 1963/9 1971/10 1978/10 1979/3 2002/14 2015/7 2015/13 2020/15 2021/1 2025/15 2031/7 2051/20 2074/6 2088/9 2108/9 2133/9 began [4] 2041/8 2041/13 2042/4 2042/8 begin [2] 2053/11 2113/14 beginning [4] 2006/12 2018/3 2037/20 2065/15 begins [2] 2094/4 2107/11 behalf [1] 1965/10 behave [1] 2024/16 behavior [13] 2008/9 2023/6 2023/10 2025/6 2025/10 2025/13 2055/19 2069/22 2072/21 2091/24 2092/3 2092/5 2092/8 behavioral [7] 2012/14 2055/17 2065/21 2066/8 2066/14 2069/20 2112/6 behaviorally [1] 2093/11 behaviors [3] 2023/7 2024/2 2063/14 behind [3] 2021/21 2040/15 2120/5 being [17] 1977/3 1978/4 1987/1 1987/2 1987/21 1991/2 2010/6 2033/21 2039/8 2039/14 2057/4 2062/19 2079/10 2104/5 2122/7 2132/6 2132/8 beings [1] 2089/9 believe [30] 1967/4 1975/4 1977/21 1983/20 1987/5 1990/22 1990/23 1993/7 1996/21 1998/9 2003/19 2007/16 2014/8 2014/17 2017/14 2019/7 2024/11 2047/14 2050/7 2050/15 2057/25 2057/25 2060/1 2068/20 2073/6 2078/14 2101/6 2101/7 2103/10 2111/10 believed [3] 1991/18 2020/4 2028/25 below [13] 1990/20 2002/2 2034/14 2035/5 2037/16 2053/5 2053/6 2055/3 2083/15 2085/13 2085/21 2086/1 2129/4 benefit [1] 2008/20 benefits [1] 1968/7 benevolence [1] 1970/11 benign [1] 2081/20 best [37] 1977/1 1977/2 1977/5 1986/22 1991/19 1992/4 1992/16 1994/8 1995/19 1996/3 1996/7 2003/2 2011/8 2011/18 2015/17 2015/25 2016/1 2016/5 2016/6 2016/22 2055/10 2063/5 2063/11 2069/7 2074/22 2075/1 2082/5 2091/25 2092/6 2096/16 2096/18 2098/15 2098/21 2112/3 2112/9 2112/10 2112/15 better [21] 2007/6 2011/1 2011/25 2039/23 2044/13 2045/1 2049/16 2054/3 2056/3 2064/24 2077/16 2084/14 2088/9 2088/13 2089/11 2097/4 2097/6 2097/8 2097/11 2097/25 2120/22 between [33] 1968/23 1970/20 1972/5 1973/21 1978/1 1978/15 1978/24 2006/7 2008/6 2015/24 2035/11 2038/23 2039/3 2044/12 2048/15 2057/6 2066/13 2075/6 2081/20 2092/4 2095/4 2095/8 2095/23 2100/1 2100/13 2110/7 2110/13 2110/17 2120/1 2121/12 2124/14 2128/19 2133/3 beyond [2] 1972/24 2108/12 bias [2] 1993/13 1993/16 big [3] 2091/4 2091/6 2117/8 bigger [1] 2111/15

binder [5] 2026/22 2085/1 2105/2 2117/5 Page 3479 of 205 Page ID #: 17863 binders [2] 1987/6 2135/15 birth [1] 2010/7 bit [14] 1988/6 1989/10 2018/6 2047/5 2047/8 2047/11 2050/3 2051/5 2070/23 2077/12 2080/6 2111/6 2119/2 2122/4 bits [3] 1986/23 1987/1 1987/6 black [3] 2025/16 2049/12 2111/16 block [7] 2037/7 2037/8 2038/10 2043/4 2049/5 2050/1 2099/4 blue [5] 1984/3 2046/18 2047/7 2085/1 board [7] 2001/15 2001/17 2012/5 2027/23 2027/25 2028/1 2028/2 bonus [1] 1990/13 book [29] 1968/6 1968/9 1969/10 1983/15 1984/3 1986/25 1997/7 2003/2 2003/5 2003/7 2003/8 2017/2 2020/5 2020/9 2029/7 2029/9 2043/19 2070/3 2070/6 2076/13 2077/15 2085/1 2089/7 2090/16 2102/8 2105/3 2105/4 2113/6 2134/22 booklet [2] 2049/12 2049/13 books [6] 2025/4 2077/7 2134/10 2134/15 2134/20 2134/21 borderline [8] 1970/12 2022/7 2025/11 2051/3 2056/17 2060/12 2062/13 2071/15 born [1] 2022/18 borne [2] 1990/23 2002/13 Boston [5] 2028/9 2028/14 2059/2 2059/14 2059/22 both [17] 1966/21 1997/22 1999/18 2002/24 2029/6 2029/12 2031/13 2034/8 2034/22 2047/20 2065/18 2077/18 2079/22 2084/17 2092/7 2115/7 2115/16 bottom [6] 1971/23 2048/7 2093/10 2094/5 2105/24 2106/17 BRADY [3] 1964/1 1964/3 1965/14 brain [16] 1972/17 1973/13 1974/5 1990/19 2018/17 2028/12 2055/16 2055/16 2060/4 2079/13 2079/21 2079/23 2079/24 2081/13 2081/14 2081/15 brain-based [1] 2079/13 Brannan [1] 1963/23 break [2] 2025/24 2026/3 brevity [1] 2127/7 brief [3] 2032/13 2093/25 2127/3 briefing [6] 2127/2 2127/2 2127/4 2127/12 2127/16 2133/19 briefly [3] 1966/1 2015/3 2028/3 briefs [1] 2127/7 bright [1] 2025/8 bring [5] 1970/5 1971/8 2044/21 2070/3 2103/17 bringing [1] 1969/22 broad [4] 2018/13 2018/20 2028/18 2098/13 broader [5] 1970/10 2010/11 2019/12 2069/2 2076/11 broadly [1] 2059/12 Brooklyn [3] 1963/5 1963/16 1964/13 Brookwood [2] 2021/21 2077/9 brought [2] 2005/16 2005/21 Buchsbaum [1] 2082/9 Buchsbaum's [1] 2080/14 bulk [3] 1989/11 2007/22 2027/21 bullet [1] 2094/6 bumped [1] 2109/20 bumper [1] 2068/21 bunch [1] 2090/9 BURT [19] 1963/22 1963/24 1965/13 1965/17 1965/23 1971/22 1978/12 1987/11 1995/8 1996/13 2005/14 2006/4 2006/7 2015/15 2016/25 2019/1 2062/25 2136/4 2136/12

2127/14 2131/25 2132/3 2132/8 2132/9 cites [3] 1983/14 1983/22 1984/2 B gicin<u>i:</u>80 b/67099/8343e183/751198964 ment 1534 Filed 02/09/16 busy [1] 2130/23 cases [16] 1993/10 1993/10 1993/17 1993/24 clarification [1] 2034/6 clarify [4] 1978/13 1989/3 2020/3 2074/5 1994/2 2001/18 2002/15 2008/18 2009/14 2038/14 2041/11 2085/11 2085/15 2088/20 clarifying [1] 2073/17 Cadman [3] 1963/4 1963/15 1964/12 2099/25 2131/18 class [2] 2076/21 2082/24 calculated [1] 2040/23 cataloging [1] 2062/16 classes [1] 2092/22 California [3] 1963/23 2054/11 2097/10 categories [2] 2064/11 2074/7 classic [1] 2052/3 call [12] 2016/24 2019/15 2021/15 2023/18 categorization [1] 2066/24 classifications [1] 2069/2 2026/8 2036/3 2043/22 2051/2 2056/18 category [3] 2022/24 2058/20 2058/21 classify [1] 2041/15 2071/6 2086/14 2088/16 causation [4] 2023/13 2023/23 2064/24 clauses [1] 1976/25 called [16] 1965/3 1993/12 2005/23 2026/15 2065/4 clear [17] 1996/6 2020/23 2022/23 2023/6 2036/13 2042/9 2042/22 2044/17 2047/16 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2099/11 2101/15 2101/20 challenging [1] 2135/22 2043/18 2054/8 2105/22 2105/22 2106/14 2110/19 2111/22 chance [2] 1974/5 2131/6 clutter [1] 2134/20 2112/1 2113/2 2114/6 2114/17 2114/19 change [9] 1972/16 1973/15 1974/7 1986/3 coding [4] 2120/24 2120/24 2120/25 2121/1 2115/13 2115/20 2118/6 2118/15 2119/15 2001/10 2016/9 2017/21 2049/21 2081/22 coexist [1] 2089/8 2122/12 2122/19 2123/9 2124/13 2124/18 cognitive [12] 1972/2 1973/9 1973/9 2013/5 changed [16] 1973/1 1973/5 1973/5 1973/6 2125/14 2127/8 2127/12 2130/21 2133/3 1973/8 1977/14 1989/4 2021/14 2049/11 2018/19 2031/2 2043/22 2063/13 2070/2 2134/24 2134/25 2135/23 2050/1 2050/3 2050/7 2103/19 2104/2 2076/9 2079/6 2115/18 can't [19] 1972/20 1974/18 1984/22 1989/19 2109/24 2111/6 Cohen [4] 1965/10 2062/1 2085/17 2136/11 2007/25 2020/5 2023/24 2038/21 2042/3 changes [11] 1988/12 1988/13 1990/11 colleague [1] 2117/5 2048/23 2080/4 2080/16 2088/13 2097/24 1990/12 1991/13 2038/16 2049/22 2102/1 colleagues [4] 2076/13 2086/6 2086/25 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communication [6] 2017/16 2019/9 2019/10 2067/7 2067/9 2067/11 community [7] 1968/22 2067/20 2067/23 2071/1 2071/5 2071/5 2127/23 company [1] 1967/10 comparability [1] 1985/13 compare [3] 1988/2 2009/11 2009/20 compared [1] 1990/21 comparing [1] 2076/7 comparison [6] 2030/14 2035/5 2045/7 2045/14 2074/25 2120/15 compensate [1] 2018/10 competency [2] 2009/2 2009/4 competency-related [1] 2009/2 competent [1] 2009/8 compiled [1] 2011/24 complete [3] 1984/8 2004/2 2037/5 completed [3] 2028/5 2028/8 2074/20 completely [2] 1979/6 2013/21 completely different [1] 2013/21 completion [6] 2036/19 2038/2 2043/4 2049/10 2111/4 2111/7 complex [5] 2075/19 2076/4 2089/9 2097/9 2125/15 complexity [1] 2075/24 complicated [3] 2016/18 2091/8 2101/3 Complying [1] 1966/9 component [4] 2016/15 2036/22 2037/5 2079/14 components [1] 2038/2 comprehension [16] 2033/12 2036/3 2040/23 2042/18 2043/10 2044/2 2046/19 2048/8 2048/9 2048/18 2075/19 2094/14 2096/19 2097/1 2108/22 2119/22 comprehensive [3] 2052/25 2083/9 2115/8 compute [1] 2044/8 computer [5] 1964/15 1967/3 1967/10 1967/13 1967/21 computer-aided [1] 1964/15 computer-generated [1] 1967/21 conceded [1] 1969/16 concept [3] 1981/24 1983/2 1983/24 conception [1] 2089/2 conceptual [5] 2066/23 2091/14 2092/9 2099/6 2108/22 concern [8] 1992/3 1994/8 1998/25 1999/22 2000/11 2127/18 2132/4 2132/5 concerned [1] 1971/11 concerns [7] 1969/23 1970/9 1992/9 1994/6 2001/11 2001/12 2015/16 concise [1] 2127/12 conciseness [1] 2127/8 conclude [8] 2033/6 2068/23 2076/15 2088/9 2093/10 2095/3 2097/16 2124/17 concluded [3] 1993/18 2033/19 2033/20 concluding [1] 2077/11 conclusion [10] 2002/23 2012/18 2012/18 2033/18 2056/13 2076/12 2080/17 2095/5 2095/17 2095/25 conclusions [4] 2006/2 2051/16 2074/11 2094/4 conditions [1] 1974/12 conduct [9] 2019/17 2023/8 2023/16 2023/23 2023/24 2024/1 2024/1 2024/12 2130/8 conducted [2] 2129/17 2129/21 conducting [1] 2136/13 confessions [1] 2128/12 confidence [10] 1966/9 1966/14 1966/15 1966/18 1967/14 1995/22 2025/7 2110/15 2129/7 2129/9 confident [1] 1966/3 confirmation [1] 1989/18

confirming [1] 2053/8 populintus 1313 14972 12 14975 1723 / 09/16 confounding [3] 2105/16 2124/24 2125/1 confusing [1] 2047/5 conglomerate [1] 2002/7 connection [6] 2011/25 2045/6 2051/6 2051/23 2054/6 2062/3 consensus [2] 1998/13 2099/10 consequently [3] 1972/3 2013/7 2013/13 consider [11] 1988/15 2014/11 2020/5 2025/8 2065/10 2083/16 2093/7 2101/18 2127/23 2129/11 2130/16 consideration [5] 1995/15 2010/8 2020/12 2122/14 2122/20 considerations [2] 1978/17 2128/7 considered [16] 1970/21 1972/7 1973/22 1974/13 1975/9 1977/3 1978/14 1978/25 1998/5 2018/7 2018/24 2024/14 2082/3 2082/6 2129/1 2132/8 considering [1] 1977/19 consistency [5] 1979/22 2108/25 2125/5 2125/6 2125/13 consistent [17] 1995/21 2003/25 2040/5 2040/11 2046/24 2046/25 2050/15 2061/9 2082/10 2108/24 2109/1 2111/8 2111/11 2116/22 2123/7 2123/22 2128/13 consistently [8] 2040/1 2040/2 2040/13 2049/17 2089/25 2097/11 2109/6 2109/7 consolidate [1] 2127/13 constitutes [1] 2023/18 construct [5] 1989/5 1989/5 1989/12 1989/14 1989/20 constructed [1] 1987/23 construction [1] 1987/22 constructs [1] 1989/7 consult [1] 2135/6 consultation [1] 2005/18 contact [2] 2006/10 2011/7 contacts [1] 2006/7 contain [1] 2110/8 contained [1] 2034/4 contaminated [1] 2076/9 contemporaneous [1] 2011/23 context [19] 1971/4 1971/24 1974/17 1974/20 1976/10 1997/7 2009/23 2010/4 2010/6 2010/20 2012/7 2054/9 2073/15 2090/22 2091/20 2091/21 2092/12 2103/8 2122/18 continue [2] 1965/16 2042/1 continued [5] 1997/3 2012/19 2061/13 2103/22 2104/6 continues [2] 2075/5 2075/17 continuing [3] 1965/23 2094/3 2105/25 contradict [1] 1984/23 contradicting [1] 1997/25 contradiction [1] 1980/17 contrary [1] 2067/15 contribute [1] 2117/8 control [3] 2055/17 2093/12 2135/20 controversial [1] 2100/20 controverting [1] 1997/14 conversation [2] 2008/15 2011/17 conversion [1] 2051/24 convincing [1] 2090/3 cooccur [2] 2078/20 2079/1 cooccurrence [1] 2079/5 copy [4] 1969/7 2070/3 2133/23 2134/8 copying [3] 2037/7 2037/16 2094/25 core [2] 1990/18 2036/2 correct [83] 1966/16 1966/17 1966/22 1967/17 1967/18 1968/10 1969/9 1973/10 1974/23 1976/6 1979/13 1979/25 1983/22 1988/19 1988/23 1989/4 1991/16 1997/15 2002/8 2002/18 2003/3 2005/17 2007/10

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2008/21 2010/7 2010/18 2012/15 2015/21

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day-to-day [4] 2092/22 2093/11 2096/15 demonstrated [1] 1990/25 2041/21 2042/2 2044/24 2045/3 2045/3 demonstrates [1] 1981/22 2045/6 2049/7 2050/18 2050/19 2050/20 days [6] 2008/12 2008/24 2009/1 2009/2 demonstrating [1] 2015/16 2050/21 2051/10 2051/11 2051/21 2051/23 2009/2 2014/12 demonstrative [1] 2135/4 2051/25 2052/21 2053/10 2056/15 2057/10 DCAFs [1] 2097/4 2057/24 2058/21 2060/6 2060/8 2062/7 denied [1] 2130/21 deal [2] 1974/11 2013/20 DENNEY [7] 1965/3 1965/6 2032/15 2035/8 2063/7 2063/18 2063/22 2063/25 2064/9 dealing [4] 1973/3 2016/2 2038/20 2103/16 2063/24 2064/1 2064/8 2064/10 2065/22 2066/5 2066/7 2066/15 death [3] 2128/11 2132/1 2132/9 Denney's [4] 2032/16 2075/2 2075/13 2067/8 2067/14 2067/19 2068/6 2068/7 debate [3] 2002/19 2003/18 2115/7 2075/20 2068/15 2069/1 2069/4 2070/3 2071/14 debates [1] 2003/1 2072/18 2072/23 2073/1 2073/8 2073/9 depend [1] 1975/13 DECEMBER [2] 1963/6 2127/3 depending [1] 2101/22 2074/11 2074/18 2075/8 2077/6 2080/23 December 21st [1] 2127/3 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D ase 1:04-cr-01016-NG0 differences... [2] 2115/21 2128/18 different [55] 1969/25 1970/9 1971/7 1976/25 1980/2 1981/12 1982/11 1985/13 1985/14 1985/17 1986/5 1988/12 1988/18 1989/7 1999/10 2000/1 2013/21 2021/2 2030/18 2039/21 2041/17 2043/21 2047/11 2049/5 2049/14 2051/19 2052/12 2052/21 2053/17 2057/6 2058/21 2069/23 2069/24 2083/21 2083/23 2083/25 2084/12 2090/8 2094/10 2095/1 2095/5 2096/8 2098/18 2103/1 2104/3 2108/17 2110/23 2111/13 2111/25 2115/14 2121/8 2121/25 2122/20 2131/10 2131/15 differently [1] 1989/5 differing [1] 2002/20 difficult [7] 2000/10 2045/19 2049/18 2067/23 2071/21 2074/15 2087/7 difficulties [8] 2013/5 2017/23 2019/8 2019/14 2032/4 2084/7 2084/8 2085/10 difficulty [14] 2033/2 2033/9 2039/13 2057/15 2058/24 2059/5 2060/25 2068/1 2075/17 2076/12 2077/11 2086/4 2086/21 digit [4] 2037/14 2043/7 2120/7 2120/18 digits [3] 2036/7 2037/15 2056/24 diminish [1] 1997/1 direct [4] 2018/16 2027/3 2063/4 2091/11 directed [2] 2055/19 2068/8 direction [4] 2013/24 2028/10 2068/3 2068/5 directly [2] 1970/24 2022/4 disabilities [41] 1998/17 2013/9 2013/15 2027/15 2027/16 2027/19 2028/18 2028/21 2029/4 2029/8 2029/10 2029/19 2030/7 2030/25 2031/10 2031/12 2039/6 2043/15 2043/24 2044/19 2044/21 2047/20 2048/2 2054/3 2054/24 2059/4 2059/13 2061/3 2069/10 2070/7 2070/15 2071/11 2072/8 2075/17 2079/7 2081/17 2083/19 2095/22 2113/4 2113/10 2113/22 disability [99] 1968/17 1972/5 2013/5 2018/2 2019/8 2019/13 2020/11 2020/16 2021/5 2022/1 2023/15 2023/25 2024/22 2028/16 2028/25 2029/1 2029/13 2029/25 2030/9 2030/10 2030/14 2030/16 2030/18 2030/18 2030/20 2030/23 2031/11 2032/2 2032/3 2032/18 2032/24 2034/9 2034/9 2034/12 2034/13 2034/14 2034/16 2034/18 2034/23 2039/12 2045/1 2054/5 2055/5 2055/7 2060/21 2062/14 2062/20 2063/5 2063/19 2064/5 2064/10 2069/8 2069/9 2069/15 2069/17 2070/17 2070/21 2071/14 2071/20 2072/5 2072/7 2072/9 2072/19 2074/14 2076/16 2079/13 2082/12 2083/22 2083/22 2084/11 2084/18 2086/5 2086/15 2086/15 2086/22 2087/3 2087/21 2088/13 2088/14 2088/20 2088/21 2088/22 2089/2 2089/22 2090/4 2090/17 2090/19 2090/23 2092/21 2093/4 2096/24 2097/21 2098/25 2113/16 2114/22 2115/9 2115/11 2119/25 2128/2 disabled [8] 2041/10 2041/16 2051/4 2053/5 2056/18 2088/10 2114/23 2116/23 disagree [17] 1975/8 1975/12 1978/16 1978/18 1979/7 1986/14 1987/7 1998/22 1998/23 1998/23 2001/13 2004/3 2020/11 2089/6 2089/16 2110/20 2112/2 disagreed [1] 2020/5 disagreeing [2] 2081/21 2111/21 disagreement [3] 2080/17 2091/9 2091/17 disappear [1] 2106/25 discarded [1] 2041/7 discern [2] 2024/19 2083/14 discerned [1] 2063/14

discovered [1] 2043/1 disenter 5844 P418/8 2024/09/116/25 Pape 34/882 138/2013 139/8 2164/D 2434119867 2118/25 2135/21 2135/24 2136/1 discrepancy [17] 2009/21 2034/11 2034/15 2034/19 2035/10 2039/3 2044/13 2087/23 2019/23 2063/3 2093/16 2114/21 2117/7 2118/20 2120/1 2121/11 2121/12 2121/13 2121/14 discrepant [1] 2086/10 discrete [1] 2010/24 discuss [2] 2011/19 2040/18 2047/1 discussed [2] 1966/2 2045/11 discussing [6] 2008/5 2013/19 2013/22 2015/15 2113/20 2132/4 discussion [5] 2035/10 2112/24 2128/1 2133/11 2133/19 disorder [29] 2019/17 2023/8 2023/16 2023/18 2023/23 2023/24 2024/1 2024/2 2024/12 2027/16 2030/1 2030/10 2032/2 2129/9 2135/21 2033/1 2061/10 2069/14 2078/9 2078/11 2078/16 2078/18 2080/5 2081/13 2082/25 2083/21 2084/2 2084/10 2084/13 2085/15 2085/16 disorders [17] 2043/24 2057/1 2059/10 2117/2 2117/6 2059/11 2065/9 2070/2 2073/22 2073/23 2078/1 2078/25 2079/8 2079/14 2079/17 2082/10 2083/25 2085/6 2113/9 disparity [2] 2100/1 2100/13 dispersion [1] 2001/5 display [1] 2019/16 displayed [1] 2000/2 dispute [4] 1983/7 1999/17 2003/3 2003/5 disputes [2] 1968/22 2003/6 disregard [3] 2002/9 2020/10 2025/7 dissipates [2] 2106/10 2106/20 distance [1] 1977/23 distinction [2] 2092/4 2122/21 distinguish [1] 2114/22 distorted [1] 2130/10 distracted [1] 2033/21 distractibility [2] 2042/22 2044/18 DISTRICT [6] 1963/1 1963/1 1963/10 1995/5 1995/6 1995/6 do [174] 1966/4 1967/7 1967/8 1968/1 1968/14 1968/24 1970/25 1972/8 1973/8 1973/12 1973/13 1973/24 1974/15 1975/8 1976/11 1976/23 1978/23 1979/24 1980/17 1983/17 1984/5 1984/5 1984/19 1985/9 1985/25 1986/13 1987/8 1987/14 1987/19 1987/21 1987/22 1989/13 1990/2 1990/8 1990/13 1990/18 1990/24 1991/6 1991/13 1996/4 1998/22 1999/12 2002/11 2003/3 2003/6 2004/3 2010/21 2011/4 2011/20 2012/13 2013/10 2013/17 2014/8 2015/18 2017/3 2017/7 2017/11 2017/13 2017/17 2017/18 2027/9 2027/9 2027/22 2028/17 2028/19 2028/20 2029/12 2029/14 2029/15 2029/16 2031/6 2031/15 2031/23 2032/8 2033/4 2035/6 2035/25 2036/1 2036/9 2041/3 2042/5 2042/6 2042/23 2044/3 2045/4 2045/4 2136/14 doubt [1] 1999/19 2045/7 2049/14 2051/8 2051/14 2051/20 2053/6 2054/3 2054/6 2055/14 2055/14 2055/15 2056/4 2056/20 2058/18 2059/22 2059/22 2059/24 2060/7 2060/8 2064/2 2065/24 2069/4 2070/12 2073/18 2073/20 2080/15 2080/17 2081/24 2082/17 2082/18 2126/8 2084/9 2087/11 2087/11 2087/13 2087/13 2087/14 2087/14 2089/1 2089/11 2091/3 Dr [1] 1965/6 2091/17 2092/2 2092/2 2093/13 2093/17 2093/21 2093/22 2096/1 2097/8 2097/9 2097/11 2097/18 2098/10 2100/4 2100/11 2100/11 2101/13 2102/12 2105/5 2107/2 2107/19 2108/3 2110/3 2112/18 2116/10 2116/21 2117/13 2119/6 2119/13 2119/18 2120/18 2122/12 2122/13 2123/24 2125/11

Doctor [6] 1965/24 1966/1 1966/20 2015/6 doctoral [1] 2028/11 document [2] 1971/15 1976/14 documentary [1] 2127/13 documented [4] 2033/8 2033/13 2033/25 documents [1] 2134/18 does [32] 1971/9 1975/11 1981/24 1982/3 1983/4 1983/12 1988/25 1999/9 1999/17 2017/21 2020/24 2036/21 2048/3 2057/4 2057/17 2087/12 2087/22 2092/1 2097/6 2098/2 2101/3 2103/20 2112/19 2113/5 2115/2 2119/6 2122/21 2129/6 2129/6 2129/8 doesn't [21] 1970/2 1975/15 1983/13 1985/4 1985/4 1999/8 2018/24 2020/13 2024/15 2024/21 2068/12 2071/8 2074/22 2080/22 2088/1 2089/22 2098/24 2100/17 2115/1 doing [22] 2008/8 2008/12 2024/18 2033/23 2041/17 2042/1 2054/17 2055/25 2056/2 2056/2 2056/3 2056/10 2058/24 2064/1 2068/14 2072/20 2074/19 2077/5 2079/24 2108/7 2120/12 2120/13 domain [11] 2022/19 2042/17 2047/23 2057/10 2076/8 2090/6 2092/17 2092/18 2092/19 2095/13 2097/14 domains [8] 2017/1 2017/20 2045/21 2048/16 2051/19 2066/21 2120/1 2120/4 don't [102] 1968/11 1969/25 1970/12 1971/2 1975/12 1975/16 1976/8 1979/12 1980/9 1980/18 1981/21 1982/6 1983/8 1983/9 1983/20 1983/23 1983/24 1984/20 1986/14 1987/3 1987/9 1987/18 1988/21 1990/22 1991/4 1991/22 1993/17 1995/15 1995/17 1996/20 1996/20 1996/21 1996/23 1998/8 1998/23 1999/19 2000/5 2001/12 2004/8 2006/13 2006/19 2013/19 2013/23 2014/4 2014/17 2014/18 2016/3 2019/10 2019/11 2019/21 2019/21 2020/8 2021/5 2021/13 2021/15 2022/4 2023/9 2024/6 2024/13 2024/16 2025/2 2025/2 2025/12 2029/20 2031/16 2037/5 2038/7 2039/17 2041/16 2050/14 2052/19 2055/14 2056/7 2057/19 2060/2 2068/2 2073/7 2073/12 2076/14 2077/19 2081/2 2085/21 2093/3 2093/10 2096/17 2100/16 2107/10 2108/23 2109/18 2119/20 2122/7 2122/16 2126/11 2131/1 2131/1 2132/5 2134/10 2134/14 2134/16 2134/19 2134/19 2135/20 done [20] 1992/8 2003/8 2032/12 2035/7 2040/21 2050/10 2052/24 2056/4 2071/24 2072/19 2077/1 2080/2 2081/16 2110/24 2112/17 2125/3 2132/23 2136/1 2136/13 down [20] 1976/7 1985/5 1994/21 2000/5 2000/6 2010/14 2010/23 2022/18 2024/24 2025/11 2025/22 2044/21 2053/17 2077/14 2118/1 2118/11 2118/12 2120/14 2122/15 downward [1] 2053/12 Dr. [78] 1981/18 1982/18 1983/12 1985/12 1986/8 1986/19 1986/22 1987/2 1987/6 1987/12 1990/3 1991/23 1992/11 1992/15 1992/18 1994/6 1995/16 1995/21 1996/4 1998/1 2015/8 2015/11 2015/12 2015/17 2026/11 2027/5 2027/23 2028/10 2028/15 2030/6 2031/23 2032/15 2032/16 2034/8

2127/8 2129/13 2131/6 2132/13 2132/13

e-mails [3] 2006/4 2006/17 2077/9 else's [1] 1995/16 D metrifi 1295740 2011623 20210 31276 Palgle vilot til 205/PageID #: 17868 Dr.... [44] 2035/8 2050/17 2050/19 2051/8 Emory [1] 2028/6 2135/6 2051/10 2051/15 2052/10 2053/4 2055/7 earlier [19] 1974/6 1991/2 1991/14 2018/8 emotion [1] 2066/3 emotion -- there [1] 2066/3 2056/12 2058/23 2063/24 2064/1 2064/8 2021/12 2023/5 2040/24 2042/19 2049/24 2075/2 2075/5 2075/13 2075/20 2076/6 2085/17 2088/7 2091/1 2093/18 2101/24 emotional [2] 2065/21 2066/8 2108/16 2110/23 2112/13 2124/7 2124/10 2080/14 2082/9 2082/16 2082/17 2088/22 emphasis [3] 1990/8 2038/19 2102/24 2090/8 2095/19 2101/6 2101/21 2102/7 earliest [1] 2018/3 emphasize [6] 2039/11 2039/11 2041/22 2102/15 2103/18 2105/3 2108/11 2111/22 early [18] 1968/1 1968/3 1976/6 1980/13 2059/16 2099/18 2127/10 2112/15 2115/6 2115/10 2117/22 2119/7 1980/15 2001/21 2019/14 2020/8 2021/6 emphasized [1] 2055/8 2125/21 2125/22 2125/24 2126/5 2129/20 2024/6 2025/24 2033/8 2033/13 2034/1 emphasizes [1] 2124/9 Dr. Buchsbaum [1] 2082/9 2041/3 2076/18 2084/13 2098/25 employed [1] 2027/7 Dr. Buchsbaum's [1] 2080/14 easier [1] 2053/11 encoding [1] 2061/11 Dr. Denney [5] 2032/15 2035/8 2063/24 easily [2] 2049/13 2134/25 encompasses [1] 2088/18 2064/1 2064/8 East [3] 1963/4 1963/15 1964/12 end [7] 1967/25 2038/13 2053/10 2086/7 Dr. Denney's [4] 2032/16 2075/2 2075/13 EASTERN [2] 1963/1 1995/6 2108/18 2129/7 2129/9 2075/20 ECF [6] 2134/7 2134/11 2134/11 2134/15 ended [2] 2041/5 2041/23 Dr. Drob [1] 2015/17 2134/25 2135/3 ends [1] 1966/21 Dr. Drobb [4] 1992/11 1992/18 1994/6 Ed [1] 1976/12 enforcement [2] 2013/7 2013/14 Edith [1] 2028/10 engage [2] 2014/4 2016/14 Dr. Drobb's [4] 1991/23 1992/15 1995/16 edition [3] 1998/15 2116/7 2116/14 engaged [2] 2016/13 2066/1 1995/21 editions [1] 1996/15 engagement [1] 2111/10 Dr. Edith [1] 2028/10 educate [1] 2005/19 English [2] 2041/14 2041/16 Dr. Fletcher's [1] 1998/1 education [6] 1986/11 2057/13 2060/5 enough [6] 2016/23 2025/6 2068/23 2082/13 Dr. James [5] 2050/19 2058/23 2088/22 2076/18 2076/22 2091/2 2110/14 2110/18 2090/8 2108/11 educational [6] 1996/20 1996/24 2028/3 enters [1] 1965/8 Dr. James's [8] 2051/8 2051/15 2052/10 2032/10 2059/18 2060/14 entire [3] 2012/9 2048/24 2065/10 2053/4 2055/7 2056/12 2075/5 2076/6 effect [43] 1980/10 1980/22 1981/7 1982/16 entirely [5] 1978/5 2049/8 2049/19 2052/17 Dr. Kaufman [16] 1981/18 1982/18 1983/12 1983/13 1985/11 1985/12 1988/15 1988/16 2124/17 2095/19 2101/6 2101/21 2102/15 2103/18 1996/8 1996/16 1998/2 1998/25 1999/17 environment [10] 2024/4 2024/8 2059/16 2111/22 2112/15 2115/6 2119/7 2125/21 1999/22 2000/9 2000/22 2001/2 2001/13 2059/17 2059/18 2065/24 2066/4 2066/10 2125/22 2125/24 2126/5 2002/6 2002/9 2002/25 2003/20 2004/17 2068/10 2093/9 Dr. Kaufman's [3] 2102/7 2105/3 2115/10 equal [3] 1977/3 2008/13 2118/21 2101/8 2101/11 2101/15 2101/22 2102/17 Dr. Mapou [9] 2027/5 2027/23 2028/15 2103/21 2105/6 2106/13 2106/20 2106/23 equally [4] 2002/18 2002/19 2081/19 2082/9 2030/6 2031/23 2034/8 2050/17 2051/10 2109/9 2110/6 2111/20 2119/11 2121/18 equates [1] 2011/2 2117/22 2128/10 2129/23 2130/5 2131/24 equivalence [1] 2052/6 Dr. Nagler [1] 2129/20 effect may [1] 2106/13 equivalent [3] 2039/1 2052/13 2052/16 Dr. Robert [1] 2026/11 effective [1] 2099/4 error [21] 1977/19 1977/22 1981/4 1981/7 Dr. Shapiro [11] 1985/12 1986/8 1986/19 effectively [3] 2056/1 2058/9 2125/11 1981/9 1981/16 1981/19 1982/19 1983/19 1986/22 1987/2 1990/3 2015/8 2015/11 effects [45] 1980/5 1980/10 1980/20 1981/9 1983/23 1983/25 1984/1 1984/11 1985/8 2015/12 2082/16 2082/17 1981/25 1982/12 1982/14 1983/2 1984/10 2094/18 2105/5 2105/8 2105/14 2105/16 Dr. Shapiro's [1] 1987/6 2002/10 2048/22 2048/24 2049/18 2049/19 2105/17 2105/18 Dr. Vance [1] 1987/12 especially [4] 2006/11 2102/22 2115/17 2050/14 2081/5 2101/4 2101/12 2102/9 draw [7] 1970/25 1979/17 2006/1 2012/18 2103/18 2105/10 2105/13 2105/15 2109/2 2133/18 2095/5 2095/24 2097/9 2109/20 2110/9 2110/11 2110/15 2110/19 ESQ [4] 1963/14 1963/21 1963/24 1964/3 drawing [2] 2037/8 2076/12 2111/22 2112/1 2112/6 2119/13 2119/15 essay [1] 2054/17 driving [2] 2056/7 2056/8 2119/19 2120/2 2120/20 2121/3 2121/10 essence [3] 1994/21 2039/21 2042/9 Drob [1] 2015/17 2124/16 2124/24 2125/14 2129/25 2130/10 essentially [2] 2111/17 2128/8 Drobb [4] 1992/11 1992/18 1994/6 1996/4 2130/11 estimated [2] 2044/7 2044/10 Drobb's [4] 1991/23 1992/15 1995/16 effort [15] 1992/16 1993/16 1994/9 1995/19 evaluate [3] 2064/9 2067/24 2090/25 1995/21 1996/3 1996/7 2016/2 2016/5 2016/7 2016/8 evaluated [2] 2067/16 2078/4 drop [3] 1994/21 2048/10 2125/10 2016/9 2016/15 2016/18 2016/20 2111/10 evaluating [3] 2005/23 2014/21 2092/3 dropped [2] 2111/9 2121/5 efforts [3] 1991/19 2015/17 2015/25 evaluation [16] 1980/2 2012/13 2015/17 dropping [1] 2120/5 eight [12] 1978/1 1981/4 1983/5 1986/10 2027/14 2029/8 2048/15 2056/15 2074/19 2075/3 2075/5 2075/13 2075/21 2076/7 drug [1] 2101/11 1987/15 1987/18 2040/3 2101/5 2102/19 DSM [14] 1969/17 2017/6 2022/24 2034/10 2107/15 2118/11 2118/12 2111/9 2112/4 2115/17 2064/15 2067/7 2084/1 2084/3 2084/19 eight points [1] 2102/19 evaluations [6] 1976/11 2001/23 2032/11 2084/25 2085/3 2085/24 2128/20 2129/5 eight-point [2] 1986/10 1987/15 2094/18 2112/5 2115/12 DSM-IV [1] 2034/10 Eighth [2] 2128/13 2129/19 even [39] 1973/15 1982/23 1983/5 1986/24 DSM-IV-TR [3] 2064/15 2128/20 2129/5 Eighth Amendment [1] 2128/13 1995/21 1999/25 2000/2 2002/6 2004/7 dual [1] 2086/2 either [11] 1967/13 1967/23 1970/2 1992/23 2004/8 2006/3 2012/11 2016/19 2018/20 due [8] 2018/14 2048/21 2048/24 2049/17 2037/21 2041/11 2056/24 2057/25 2085/24 2034/19 2035/3 2038/1 2038/19 2039/6 2112/6 2127/3 2127/4 2127/5 2095/25 2107/19 2039/15 2050/25 2051/2 2057/25 2077/4 Duke [1] 1983/14 elderly [3] 2106/10 2106/21 2107/1 2077/16 2078/21 2083/15 2084/8 2087/9 duly [2] 1965/4 2026/15 electronic [1] 2134/20 2088/22 2101/20 2103/11 2106/9 2106/19 during [9] 1972/1 1986/23 1992/9 2005/15 elevated [2] 2109/5 2109/6 2107/1 2107/17 2110/11 2119/9 2128/1 2015/17 2021/1 2067/17 2103/4 2107/19 elevating [2] 1980/11 1980/23 events [2] 1974/7 1977/13 dyslexia [16] 2032/25 2033/1 2033/6 2057/2 eliminate [2] 2101/12 2119/21 eventually [1] 2024/9 2061/9 2074/24 2075/9 2076/10 2077/12 eliminated [1] 1990/15 ever [1] 2028/24 2077/15 2077/19 2077/21 2078/7 2079/1 Elmo [2] 2045/22 2051/9 every [4] 1993/19 2053/17 2053/18 2125/16 2079/5 2079/19 else [18] 1977/3 2019/24 2032/8 2053/9 everybody [3] 1999/18 2098/15 2132/22 2058/25 2081/6 2085/25 2096/4 2096/7 everyday [1] 2056/5 Е 2096/20 2125/18 2126/10 2126/23 2132/21 everything [4] 2003/7 2071/24 2135/3 e-mail [2] 2006/7 2006/10 2133/15 2135/3 2135/12 2136/3 2135/5

2088/18 feedback [3] 2053/20 2056/1 2107/18 E Partet 1185004/1205 PageID #: 17869 ase 1:04-cr-01016-NGG [evidence [48] 1986/20 1986/21 1986/21 Property (1984) 4986 02/09/16 fell [4] 2040/15 2051/1 2058/1 2068/21 explicitly [1] 1998/18 1986/25 1987/5 1996/3 1996/3 1996/6 1996/6 exposed [2] 1980/3 2059/19 felt [1] 1966/13 exposure [2] 2059/14 2077/17 1998/1 2000/18 2004/12 2005/2 2005/11 females [1] 2118/14 2005/12 2014/14 2014/25 2015/1 2017/15 few [13] 2040/19 2048/25 2051/3 2054/19 expound [1] 2034/6 2017/20 2035/1 2040/14 2046/8 2046/11 express [2] 2035/18 2093/14 2054/21 2056/20 2062/14 2073/12 2100/16 2051/6 2051/9 2051/23 2062/3 2066/3 expressed [1] 2090/16 2102/25 2103/5 2107/16 2107/17 2067/11 2067/14 2067/19 2068/4 2072/7 expressing [5] 2033/11 2052/12 2057/16 fewer [1] 1990/20 field [7] 1968/16 1999/4 1999/12 2029/3 2090/3 2099/20 2102/8 2102/16 2119/18 2057/20 2094/21 expression [3] 2058/8 2078/16 2085/13 2119/20 2126/18 2126/20 2127/14 2134/3 2030/8 2098/20 2099/10 2134/4 2135/5 2137/9 2137/13 expressive [3] 2030/11 2078/9 2084/1 fields [1] 2029/6 fifth [2] 2106/25 2128/25 ex [1] 2132/20 expressive-receptive [1] 2078/9 exact [5] 1975/15 1977/16 2007/25 2022/25 extend [1] 1966/21 fifth retest [1] 2106/25 2073/12 extended [2] 2008/20 2009/9 figure [8] 2036/20 2036/23 2038/8 2055/21 exactly [12] 2009/17 2021/13 2036/13 extensive [1] 2064/1 2055/21 2058/20 2073/12 2097/9 2036/20 2064/2 2081/1 2097/22 2121/2 extensively [2] 2015/21 2099/15 figuring [1] 2087/22 2122/22 2129/2 2130/1 2135/7 extent [5] 1979/7 2008/9 2073/4 2089/16 fill [5] 2011/21 2038/16 2075/22 2130/21 examination [14] 1965/16 1965/22 1987/4 2131/1 2133/9 2006/15 2015/4 2020/1 2027/3 2062/23 external [1] 1974/7 final [1] 2012/18 2062/24 2117/20 2119/11 2121/9 2122/25 finally [5] 2054/25 2056/4 2058/14 2062/2 extraneous [1] 1971/8 2124/3 extreme [1] 2022/5 2130/7 examine [2] 2006/5 2006/17 extremely [2] 2000/10 2012/16 find [9] 1984/20 2006/9 2006/20 2041/17 examined [3] 1965/4 2026/15 2074/12 eye [3] 2064/3 2064/7 2065/12 2053/1 2076/25 2096/25 2108/19 2116/13 finding [4] 2052/13 2123/10 2123/15 example [22] 1991/22 2010/25 2011/11 2011/16 2017/25 2018/1 2018/15 2031/9 2129/12 2031/19 2036/1 2036/19 2049/4 2056/8 face [1] 2025/16 findings [7] 1979/23 1979/25 1999/15 2059/7 2070/24 2072/17 2089/13 2101/1 faced [3] 2055/20 2056/5 2107/20 1999/20 2051/15 2081/4 2113/17 2120/6 2128/9 2129/3 2130/3 facilitate [1] 2004/1 finds [1] 1979/22 exceeds [1] 2010/1 fact [31] 1981/22 1989/16 1993/10 2006/4 fine [5] 1965/7 2024/25 2026/3 2066/5 excellent [1] 2002/12 2006/16 2015/12 2034/1 2035/21 2038/24 2067/16 2042/14 2042/19 2047/21 2055/15 2056/15 finger [2] 1992/2 1996/1 except [1] 2021/6 excerpting [1] 1986/18 2057/23 2058/17 2060/4 2060/7 2061/7 fire [1] 2036/1 2065/25 2072/22 2077/12 2081/11 2098/17 exclusive [1] 2130/14 first [46] 1972/24 1976/4 1980/2 1980/3 excuse [2] 2001/14 2110/1 2099/5 2109/13 2115/6 2115/13 2122/20 1980/25 2007/14 2007/20 2010/15 2013/1 excused [2] 2025/21 2126/8 2127/21 2130/7 2013/12 2034/8 2041/8 2045/23 2046/20 factor [9] 1985/12 1989/15 1989/18 1989/20 execute [1] 2055/18 2047/11 2048/14 2052/2 2054/8 2055/20 executive [13] 2053/18 2054/9 2054/20 2003/21 2042/9 2042/9 2042/21 2121/6 2056/8 2056/21 2063/21 2063/24 2064/15 2055/3 2055/8 2055/11 2055/12 2056/9 factors [3] 1989/21 1989/23 2077/23 2073/14 2079/3 2083/2 2085/3 2092/25 facts [1] 2035/22 2056/11 2056/16 2056/21 2058/12 2075/4 2100/16 2105/14 2106/19 2106/23 2109/13 exercise [1] 1978/5 failing [1] 2092/22 2111/3 2112/4 2112/16 2116/14 2118/4 exhibit [32] 1967/6 1969/3 1998/1 2000/18 fails [1] 2096/12 2118/5 2118/9 2121/11 2127/20 2131/9 2003/14 2003/14 2005/2 2005/5 2005/10 fair [7] 1979/5 1987/3 2024/13 2025/12 2131/11 2131/25 2005/12 2006/24 2014/24 2015/1 2045/11 2069/20 2099/12 2100/21 fit [3] 2030/24 2032/17 2064/4 2045/12 2045/24 2046/14 2047/2 2047/24 fairly [7] 2039/9 2046/21 2057/9 2070/6 five [12] 1974/14 1986/10 1987/15 1987/18 2051/7 2051/22 2062/4 2099/20 2116/6 2070/13 2075/5 2088/25 2050/7 2050/9 2060/19 2075/8 2102/19 2126/13 2126/14 2126/19 2133/22 2133/24 fall [10] 1981/9 1994/22 1995/12 2034/13 2110/1 2117/16 2117/17 2134/2 2134/4 2136/8 2035/5 2035/6 2054/20 2054/21 2071/14 fixed [1] 2087/21 Exhibit 104 [1] 2045/24 2086/11 flag [1] 2130/16 fallen [1] 1982/25 exhibits [14] 2026/23 2046/2 2046/4 2046/8 Fletcher [3] 2076/13 2086/6 2086/25 2046/10 2126/17 2133/18 2134/6 2134/8 falling [1] 2052/18 Fletcher's [1] 1998/1 2135/4 2135/5 2136/8 2137/9 2137/13 falls [4] 1982/12 1994/18 1994/22 2025/11 flexibly [2] 2053/20 2055/25 exist [2] 2108/23 2119/9 false [1] 2128/11 flip [2] 2117/23 2117/25 familiar [12] 1986/8 1987/9 1987/12 1990/4 existence [3] 2017/19 2019/4 2133/21 floating [1] 1970/4 1990/5 2003/11 2003/15 2059/9 2064/16 exists [1] 2128/25 Floor [1] 1964/2 expand [1] 1966/19 2066/20 2082/13 2100/7 fluctuation [1] 1974/5 expect [8] 2022/10 2040/10 2060/20 2068/9 families [1] 2079/17 fluency [1] 2075/18 2083/3 2083/4 2083/6 2131/2 family [2] 2012/1 2067/22 fluid [1] 2081/12 expected [3] 1990/20 2085/14 2102/19 far [21] 1977/17 1977/20 1994/10 2001/5 Flynn [19] 1985/12 1988/15 1988/16 experience [1] 1993/9 2030/20 2031/15 2033/13 2034/13 2039/6 1996/15 1998/2 1998/25 1999/17 1999/22 expert [6] 2004/14 2004/16 2024/19 2029/18 2039/13 2039/18 2044/13 2049/18 2058/11 2000/9 2000/22 2001/13 2002/6 2002/9 2030/7 2082/16 2059/10 2065/17 2071/13 2076/8 2083/8 2002/25 2003/20 2003/22 2004/17 2129/22 2086/9 2112/20 expert's [1] 1971/9 2130/4 fascinating [2] 2006/10 2108/19 expertise [1] 2048/2 Flynn's [1] 2002/6 focus [20] 1976/7 2010/17 2010/18 2010/19 experts [7] 1998/14 2006/8 2098/20 2099/24 fast [1] 2059/8 2100/17 2130/8 2130/12 faster [2] 2120/8 2120/9 2011/5 2011/8 2027/12 2027/14 2028/9 experts' [1] 2089/20 faulting [1] 2130/24 2028/12 2028/15 2041/12 2055/9 2063/10 explain [9] 1972/9 1988/9 2015/23 2035/12 favor [1] 2001/21 2063/25 2074/14 2091/23 2095/15 2119/22 Fax [1] 1964/14 2041/1 2046/14 2050/14 2050/15 2081/7 2119/23 focused [6] 1980/8 2011/12 2063/21 2074/8 explained [4] 1979/9 2030/13 2040/22 FCRR [1] 1964/12 2096/7 feature [1] 1990/19 2087/15 2094/15 explaining [1] 1968/2 featured [1] 1993/11 focuses [1] 2091/24 features [4] 2032/23 2032/25 2055/6 2087/2 explains [1] 2064/24 focusing [2] 1981/1 1981/3 explanation [4] 2065/13 2069/23 2088/14 February [1] 1977/22 folks [2] 2088/3 2125/2

F follow [5] 1973/18 1974/8 1975/24 1989/16 2002/13 follow-up [5] 1973/18 1974/8 1975/24 1989/16 2002/13 followed [1] 2028/7 following [4] 1970/7 1978/10 2028/11 2067/2 follows [3] 1965/4 2026/16 2037/22 foolish [1] 1979/20 forensic [7] 2001/18 2003/12 2003/18 2004/16 2005/23 2014/21 2099/22 forget [2] 2022/24 2071/6 forgot [1] 2026/22 form [3] 2019/5 2032/19 2033/15 formal [1] 2072/18 formally [1] 2133/22 format [6] 2049/4 2049/10 2049/22 2102/1 2110/25 2111/15 formed [1] 2053/8 forming [1] 2032/5 forms [1] 1990/19 forth [5] 2003/2 2057/5 2092/19 2128/9 2128/20 forward [1] 2046/1 forwarded [2] 2007/3 2007/5 forwards [1] 2036/7 fought [1] 2006/11 found [6] 1986/9 2042/14 2042/17 2113/24 2117/6 2123/19 four [10] 1989/7 2042/15 2050/8 2050/8 2050/9 2060/16 2095/20 2118/18 2118/24 2121/1 fourth [2] 2106/25 2128/22 fraction [2] 1966/23 1999/24 Francisco [1] 1963/23 free [3] 1980/4 1987/8 2057/16 freedom [2] 2042/22 2044/18 frequently [5] 2031/15 2051/16 2053/2 2078/25 2125/2 Friday [1] 2007/18 friends [1] 2065/25 front [6] 1967/1 2073/18 2085/1 2113/6 2135/19 2135/24 frontal [1] 2055/15 full [30] 1990/20 1992/18 1992/23 1994/9 2003/23 2026/17 2034/3 2074/19 2090/22 2094/8 2094/13 2095/22 2096/4 2096/17 2098/4 2098/6 2098/14 2098/22 2099/11 2100/21 2100/24 2109/14 2111/15 2121/16 2121/22 2122/5 2122/12 2122/13 2122/16 2133/23 full-scale [13] 1990/20 1992/18 1992/23 2003/23 2094/8 2094/13 2095/22 2096/4 2096/17 2098/4 2098/14 2099/11 2100/21 fully [2] 1970/5 2129/15 function [6] 2010/12 2020/20 2020/25 2022/16 2096/15 2098/19 function-based [1] 2020/20 functional [14] 2017/16 2017/25 2019/12 2021/19 2022/23 2064/22 2065/1 2065/18 2073/1 2073/3 2079/23 2080/1 2088/23 2099/18 functional-academic [2] 2064/22 2065/18 functioning [75] 1972/12 1972/14 1972/22 1972/25 1973/14 1974/7 1975/18 1975/19 1975/23 1976/5 1976/15 1976/22 1977/5 1977/14 1977/18 1977/22 1990/16 1990/16 2009/15 2009/19 2009/21 2009/24 2010/1 2010/6 2010/14 2010/16 2011/2 2011/11 2011/23 2012/10 2017/3 2017/6 2017/10 2017/21 2018/20 2018/21 2020/22 2021/14 2021/17 2022/6 2022/8 2022/9 2022/12

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G-r-e-e-n-e-r-y [1] 2028/13 gain [1] 2016/22 gained [2] 2003/20 2077/12 gains [3] 2002/1 2102/18 2107/15 garage [1] 2135/20 GARAUFIS [1] 1963/9 Gardner [1] 2099/16 gauge [2] 2016/14 2130/13 gave [7] 1988/18 1988/25 1990/14 1993/4 1997/13 2011/15 2072/17 general [16] 1972/25 1974/21 1977/16 1977/18 1978/18 1981/24 1987/14 1988/4 1991/6 2010/5 2011/22 2022/16 2070/16 2085/10 2127/20 2128/13 generally [5] 1977/3 1988/6 1997/3 2032/5 2032/8 generated [2] 1967/9 1967/21 genes [1] 2079/18 genetic [1] 2079/14 Georgia [1] 2028/7 get [37] 1973/4 1974/3 1976/19 1977/2 1977/5 1979/3 1979/4 1981/19 1982/16 1983/19 1985/21 1988/9 1992/23 2011/1 2012/14 2021/16 2024/6 2036/4 2045/1 2050/10 2052/22 2055/23 2063/7 2065/14 2084/14 2085/25 2086/8 2086/18 2101/14 2101/14 2102/5 2108/14 2114/6 2120/9 2120/22 2125/9 2134/9 gets [4] 1973/17 2016/18 2024/9 2101/3 getting [7] 1978/21 1989/4 2022/7 2086/19 2110/20 2120/8 2134/17 gifted [1] 2086/15 gifts [1] 2089/10 give [18] 1969/7 1976/11 1983/3 1983/5 1983/18 1989/1 1992/14 1996/15 2008/19 2068/24 2090/8 2090/12 2091/20 2093/25 2125/13 2128/21 2129/16 2130/5 given [20] 1972/13 1976/6 1976/22 1977/23 1978/15 1988/19 1991/16 1997/1 2017/19 2057/23 2075/19 2085/14 2101/5 2102/22 2107/19 2108/17 2108/17 2110/1 2111/24 2112/11 gives [1] 1994/11 giving [7] 1981/4 1995/19 1996/7 2008/3 2008/4 2103/2 2103/3 global [2] 1989/8 2102/20 go [41] 1969/20 1970/16 1971/8 1972/20 1977/17 1985/5 1988/10 1993/20 1994/10 1999/24 2000/5 2000/5 2001/5 2008/5 2011/20 2014/19 2020/17 2029/22 2034/5 2035/15 2037/11 2038/9 2041/3 2046/12 2048/10 2051/5 2066/25 2071/7 2071/8 2079/4 2087/13 2107/7 2107/7 2111/3 2117/19 2118/1 2119/22 2124/15 2125/10 2125/11 2127/1 goal [5] 2055/19 2055/21 2055/22 2056/2

2101/11

goal-directed [1] 2055/19

goals [1] 2071/22

goes [3] 1970/23 1984/8 2016/12 Pageint 86 dp6013 1969(14.1970#16 1978/7) 1971/14 1971/14 1974/22 1975/5 1976/18 1977/2 1977/16 1978/6 1979/3 1981/25 1982/1 1982/1 1982/16 1983/3 1983/5 1983/19 1987/18 2001/16 2001/17 2004/4 2005/25 2006/1 2006/16 2006/18 2010/2 2010/9 2010/24 2013/23 2013/24 2014/3 2034/4 2039/13 2045/10 2046/3 2051/8 2053/3 2058/4 2062/2 2063/10 2072/20 2086/10 2096/9 2096/14 2098/5 2098/6 2098/18 2098/22 2099/2 2103/17 2109/4 2109/14 2109/18 2109/25 2110/8 2110/8 2112/24 2117/1 2118/3 2120/14 2127/2 2127/18 2132/6 gone [4] 1999/20 2000/3 2060/12 2120/14 good [28] 1965/6 1965/12 1965/13 1965/24 1965/25 1972/22 1973/18 1979/2 2012/16 2014/12 2018/22 2027/5 2027/6 2031/9 2037/17 2043/19 2057/18 2063/1 2063/2 2067/21 2070/24 2077/10 2083/24 2095/11 2112/12 2124/22 2125/8 2135/25 got [35] 1972/23 1973/12 1974/8 1976/19 1976/24 1986/16 1986/16 1986/19 1986/24 1987/20 1987/22 1993/12 1996/4 2010/20 2019/10 2019/15 2020/9 2021/23 2024/10 2025/10 2042/3 2050/7 2050/8 2052/23 2060/22 2065/17 2081/15 2095/20 2097/13 2100/25 2107/7 2113/17 2113/19 2122/14 2124/22 gotten [2] 1995/23 2074/20 government [25] 1963/12 1967/6 1993/20 1997/10 1997/21 2006/4 2006/6 2026/8 2026/10 2045/11 2045/24 2046/7 2046/14 2047/2 2047/24 2051/7 2051/22 2062/4 2126/13 2126/14 2126/17 2126/22 2130/22 2132/19 2136/6 Government Exhibit 97 [1] 2062/4 government's [6] 1971/7 2005/16 2046/10 2126/19 2127/3 2137/13 gradient [1] 2076/3 gradually [2] 1982/6 2021/13 graduated [1] 2071/8 grant [2] 2071/2 2071/3 granted [1] 2030/2 graph [10] 2045/6 2046/15 2046/16 2046/17 2046/19 2047/3 2047/6 2047/7 2062/6 2062/10 graphs [1] 2045/15 gravitated [1] 2031/19 great [3] 1993/10 1993/17 2119/21 greater [19] 1983/19 1983/19 2002/2 2111/23 2113/5 2113/17 2113/24 2114/14 2114/15 2115/23 2116/22 2116/24 2118/18 2118/19 2118/20 2118/25 2119/4 2119/7 2121/17

green [7] 2003/2 2003/5 2003/7 2003/8

2020/5 2020/9 2089/7

Greenery [1] 2028/13

grew [3] 2019/15 2059/15 2059/17 group [9] 1973/14 1974/11 1999/25 2000/3 2013/2 2027/11 2027/14 2075/21 2124/9 groups [2] 2000/24 2118/18 growth [3] 1972/2 1973/9 1973/9 guess [2] 1975/12 2085/20 guideline [3] 1998/14 2087/22 2087/25 guidelines [1] 2063/18

H

had [79] 1969/3 1971/11 1971/12 1976/3 1977/20 1993/9 2008/18 2011/7 2013/17 2014/8 2017/11 2017/14 2018/1 2019/4 2020/4 2020/21 2020/21 2021/3 2022/1 2022/23 2023/15 2023/15 2023/20 2023/20

hear [6] 1971/16 2021/5 2031/13 2036/6 H 17/12/12/12/12/19/19 Filed 02/09/16 had... [55] 2028/25 2032/4 2032/12 2032/14 2032/23 2033/8 2033/10 2033/16 2033/20 2040/7 2044/4 2044/5 2045/4 2049/8 2050/13 2055/2 2058/24 2059/18 2060/6 2060/25 2061/6 2062/5 2065/12 2065/25 2066/11 2070/20 2071/10 2071/13 2071/23 2071/24 2071/25 2071/25 2072/6 2072/6 2072/7 2075/8 2075/21 2075/22 2075/22 2075/23 2075/24 2077/1 2079/7 2081/9 2081/19 2082/16 2096/8 2103/9 2103/10 2118/17 2118/19 2119/1 2131/5 2131/8 2132/20 Hagen [5] 1997/11 1997/15 1997/25 1998/11 1998/17 Hagen's [1] 1998/8 half [5] 2008/13 2008/14 2025/8 2058/10 2127/11 halfway [1] 2107/14 hand [5] 1969/4 2026/12 2036/24 2095/9 2112/18 handed [1] 2045/12 hands [3] 2031/17 2036/15 2039/23 hands-on [2] 2036/15 2039/23 handwriting [1] 2037/18 handy [1] 2053/1 hanging [1] 2068/20 happen [2] 2070/3 2119/13 happened [2] 2103/19 2131/25 happens [1] 2053/1 happy [1] 2126/7 hard [9] 1995/20 2006/11 2024/3 2057/21 2076/21 2077/22 2089/21 2125/16 2134/7 harder [5] 2038/10 2047/8 2049/14 2050/2 2111/13 Harvard [1] 2099/16 has [80] 1968/25 1970/18 1972/25 1973/8 1973/13 1973/13 1978/3 1981/10 1983/12 1986/9 1987/3 1988/15 1990/9 1990/25 1993/11 1993/14 1996/3 1996/8 1998/18 2000/3 2000/12 2003/20 2006/6 2006/10 2006/20 2010/10 2014/1 2014/2 2014/19 2016/8 2018/5 2019/7 2019/19 2021/23 2024/10 2025/5 2026/24 2033/4 2034/12 2034/17 2035/13 2038/10 2039/8 2042/23 2043/19 2050/11 2050/13 2055/11 2055/15 2059/5 2065/10 2071/6 2072/10 2073/10 2076/15 2077/12 2079/15 2081/16 2082/25 2085/3 2086/8 2088/4 2090/25 2092/15 2097/20 2100/18 2101/6 2102/23 2103/8 2103/11 2103/18 2106/2 2109/20 2112/15 2120/11 2123/6 2123/21 2128/2 2132/10 2132/23 hasn't [2] 2014/16 2088/1 have [279] haven't [3] 2057/14 2131/5 2131/9 having [13] 1965/3 1980/10 1984/10 2004/16 2010/13 2010/17 2018/7 2022/5 2026/15 2065/6 2076/10 2113/16 2123/9 he [180] he's [46] 1968/19 1979/9 1983/17 1983/23 1983/24 1983/24 1987/8 1987/9 1993/12 2006/1 2006/16 2008/12 2018/1 2019/10 2020/9 2024/20 2024/21 2046/21 2083/5 2083/5 2095/8 2095/9 2095/9 2095/13 2100/6 2100/7 2103/1 2103/3 2105/4 2106/5 2106/6 2107/14 2108/4 2108/16 2108/17 2108/17 2109/25 2111/8 2113/16 2113/16 2113/20 2116/16 2116/19 2120/13 2120/14 2126/2 head [5] 1989/24 2000/8 2036/10 2038/8 2042/25 heading [2] 2074/7 2123/14 health [6] 1974/13 2013/20 2018/12 2068/17 2068/18 2099/24

heard [5] 2057/14 2063/4 2072/3 2112/12 2112/24 hearing [6] 1963/9 2015/9 2021/2 2126/24 2130/18 2136/13 help [10] 1968/25 1976/13 1985/4 2005/19 2007/6 2040/20 2045/20 2051/14 2053/10 2077/3 helped [1] 2053/7 helpful [4] 2048/3 2115/17 2127/15 2130/12 her [5] 2051/15 2056/15 2072/5 2076/3 2090/14 here [50] 1970/14 1971/12 1973/16 1977/25 1978/4 1982/13 1986/25 1992/20 1995/15 2005/17 2014/4 2040/6 2040/21 2047/9 2052/18 2052/20 2053/9 2054/8 2055/16 2056/20 2058/4 2058/5 2058/10 2058/14 2062/16 2071/17 2080/1 2087/6 2087/15 2090/9 2091/6 2093/17 2094/7 2094/12 2095/2 2095/3 2095/6 2095/6 2101/18 2108/18 2109/5 2113/5 2118/3 2119/18 2124/13 2124/16 2124/23 2131/12 2131/19 2135/16 here's [6] 1995/25 2031/9 2058/20 2058/20 2070/24 2094/16 high [12] 1998/3 2001/22 2025/11 2042/11 2042/11 2046/23 2047/13 2047/18 2053/10 2071/8 2079/5 2097/23 higher [14] 1986/16 1990/16 1990/16 2039/2 2047/13 2047/21 2048/18 2060/10 2060/11 2060/24 2086/7 2097/1 2109/7 2118/23 higher-level [1] 1990/16 highest [1] 2049/2 highlighting [2] 2001/6 2024/5 highly [1] 2093/9 him [29] 1969/8 1980/25 1981/4 1985/4 1987/9 2006/5 2007/13 2007/15 2007/17 2008/3 2008/4 2014/9 2020/7 2058/24 2071/19 2071/21 2071/24 2073/5 2073/7 2073/8 2074/12 2074/18 2076/21 2077/2 2077/3 2077/14 2078/4 2082/18 2082/24 himself [7] 1991/20 1992/4 2012/14 2022/3 2033/11 2075/23 2076/19 his [117] 1968/19 1971/2 1971/3 1972/25 1974/4 1974/23 1974/24 1975/18 1975/19 1975/22 1976/5 1977/10 1977/22 1979/9 1983/15 1984/22 1986/23 1991/19 1991/23 1992/2 1992/7 1992/10 1994/8 1995/19 2002/7 2004/21 2004/21 2006/8 2006/11 2008/9 2008/11 2009/11 2012/2 2015/17 2017/10 2018/4 2018/8 2019/7 2019/9 2019/17 2021/1 2021/14 2021/20 2022/2 2022/3 2022/11 2023/6 2023/6 2023/11 2023/22 2024/10 2032/10 2033/10 2035/4 2035/5 2039/8 2040/13 2043/19 2050/15 2053/24 2057/11 2057/24 2058/18 2058/19 2059/20 2060/23 2061/1 2066/2 2066/4 2066/4 2067/15 2067/17 2068/7 2071/11 2071/12 2071/17 2071/19 2071/22 2071/23 2073/1 2073/6 2073/24 2074/17 2074/25 2075/1 2075/6 2075/12 2075/13 2075/25 2076/7 2076/17 2076/18 2076/22 2077/2 2077/7 2077/7 2080/17 2081/5 2082/18 2082/19 2082/20 2082/25 2083/6 2083/12 2083/14 2083/17 2094/9 2099/15 2109/14 2112/10 2112/10 2113/6 2120/15 2121/23 2126/3 2126/13 2130/11 history [4] 2008/11 2041/3 2057/11 2071/12 hmm [2] 2085/8 2093/20 hold [2] 2036/6 2042/7 holding [1] 2036/25 home [5] 2066/4 2066/7 2067/18 2067/19 2068/6

homework [1] 2068/7 Paben 1203 13/2 ace | D #: 17871 Honor [37] 1965/13 1969/14 1970/15 1971/3 1971/21 1984/24 1986/17 1994/25 1995/24 2004/5 2004/12 2005/3 2006/21 2014/14 2015/3 2025/23 2026/4 2026/10 2026/21 2029/17 2029/20 2030/4 2045/10 2046/6 2062/21 2100/6 2122/23 2125/19 2126/9 2126/11 2126/16 2126/22 2126/25 2131/5 2131/8 2133/17 2136/7 HONORABLE [1] 1963/9 hope [2] 2009/7 2019/6 Hopefully [1] 2116/18 hospital [2] 2009/25 2014/12 hospitalization [1] 2066/6 hospitalizations [1] 2067/17 hour [3] 2007/23 2008/13 2008/14 hours [3] 2005/18 2007/19 2007/19 house [1] 2068/7 how [55] 1965/6 1975/13 1979/2 2001/5 2007/12 2007/20 2008/2 2008/11 2009/19 2011/1 2011/11 2012/2 2015/24 2016/13 2016/23 2018/18 2018/19 2030/16 2030/17 2035/20 2038/16 2041/4 2041/5 2041/21 2041/21 2042/7 2043/23 2045/17 2048/3 2050/5 2051/17 2051/19 2052/11 2052/11 2052/15 2053/12 2067/7 2067/13 2068/3 2068/17 2070/23 2073/10 2076/24 2076/24 2080/15 2087/13 2093/8 2096/7 2108/15 2125/11 2128/24 2129/2 2129/11 2129/25 2132/13 Howard [1] 2099/15 however [11] 1997/13 1998/13 2003/8 2010/9 2034/16 2039/17 2044/7 2059/13 2084/6 2085/11 2118/24 Hudson [1] 1964/2 human [2] 2055/13 2089/9 hundreds [1] 1984/9 hyperactivity [4] 2027/15 2030/1 2033/22 2078/11 hypothesis [1] 1983/9 hypothesized [1] 1986/2 hypothetical [1] 2104/1 hypothetically [2] 2092/24 2096/8

I'd [7] 1967/23 1969/4 1971/11 2082/24 2106/14 2127/10 2130/19 I'll [2] 2045/23 2117/17 I'm [84] 1968/18 1969/14 1970/16 1970/16 1970/17 1971/1 1971/14 1971/14 1978/6 1978/20 1981/1 1981/1 1981/6 1981/14 1981/20 1982/7 1982/18 1984/8 1984/10 1984/20 1984/20 1990/1 1993/8 1994/9 2003/14 2004/4 2004/13 2004/13 2005/25 2006/18 2008/8 2012/4 2012/5 2021/2 2021/7 2021/9 2021/9 2021/10 2021/24 2023/1 2023/4 2023/4 2027/10 2034/4 2040/17 2045/10 2046/1 2046/3 2046/3 2051/7 2051/8 2056/2 2059/1 2062/2 2074/4 2081/5 2081/10 2082/13 2082/22 2085/5 2088/3 2088/3 2094/7 2095/25 2105/12 2106/14 2107/10 2114/9 2118/8 2118/8 2120/2 2122/9 2123/9 2123/9 2123/14 2126/1 2126/7 2127/2 2127/6 2127/18 2127/24 2130/23 2132/15 2133/1 I've [15] 1968/19 1976/24 1993/18 2005/18 2006/24 2025/8 2062/16 2068/24 2073/12 2082/18 2089/19 2089/20 2090/20 2097/13 2099/15 I.Q [50] 1966/20 1974/23 1974/24 1977/1 1977/10 1987/18 1989/9 1990/20 1992/18 1992/24 1993/2 1993/4 1994/16 1994/17 1995/12 1996/5 1998/2 1998/19 1999/24 2000/1 2000/24 2000/25 2001/6 2001/8

inconsistent [2] 2003/19 2010/13 instructions [1] 2044/6 Painstrusent/82098P4988/10988/107872 imperplota 5 8 4 1 2 1 2 2 5 0 2 / 0 9 / 1 6 I.Q... [26] 2002/1 2002/11 2003/22 2003/23 increase [4] 2001/8 2001/9 2048/19 2102/19 1999/6 1999/8 2101/5 2105/15 2111/24 2004/2 2086/8 2086/12 2086/22 2087/5 increased [3] 2000/23 2001/2 2075/25 instruments [3] 1985/18 2073/8 2111/23 incredible [1] 2071/25 2087/8 2087/23 2093/24 2094/8 2095/22 insufficient [1] 2129/15 2095/24 2096/4 2096/17 2097/17 2098/4 increment [1] 2001/7 integrated [1] 2032/15 2098/14 2098/23 2099/2 2099/11 2100/21 incremental [1] 2000/4 intellect [14] 2030/15 2035/5 2037/11 2043/9 2102/2 2102/20 2044/12 2044/23 2045/2 2045/24 2075/1 indeed [2] 2056/20 2072/23 I.Q.s [4] 1988/23 2094/13 2100/1 2100/13 independent [1] 2089/12 2076/7 2112/3 2112/10 2112/10 2112/14 ID [7] 1998/15 2082/25 2089/9 2089/12 index [22] 2036/3 2037/12 2040/23 2040/24 intellectual [72] 1968/16 1972/14 1972/25 2091/13 2092/7 2092/8 2044/1 2044/2 2044/9 2046/19 2047/10 1976/21 1977/5 1977/22 1979/22 1980/4 idea [4] 2062/5 2062/11 2088/17 2113/2 2047/16 2047/17 2047/21 2048/11 2048/20 1994/20 1995/12 1998/16 2010/9 2010/10 identical [1] 2108/21 2075/2 2094/15 2094/15 2096/19 2096/20 2010/13 2020/11 2021/5 2022/6 2023/11 identified [5] 2013/7 2013/13 2014/16 2096/25 2097/1 2097/15 2023/11 2023/25 2024/22 2028/21 2029/1 2023/20 2069/6 indicated [2] 2123/6 2123/21 2030/13 2030/18 2030/20 2032/2 2034/9 identify [3] 2014/18 2056/4 2127/18 indicates [1] 2024/15 2034/13 2034/14 2034/17 2040/18 2043/16 ignore [1] 2087/4 indicating [1] 2037/23 2048/17 2055/5 2055/7 2062/14 2063/5 III [36] 1986/9 1986/16 1987/15 1988/22 indication [6] 1976/5 1991/22 1995/17 2063/12 2063/19 2063/22 2064/10 2069/8 1988/22 1989/7 1989/9 1989/21 1991/8 1995/18 2023/6 2023/8 2069/13 2070/21 2071/13 2072/9 2072/18 2082/12 2085/11 2086/7 2087/1 2087/20 2003/23 2048/25 2049/1 2049/3 2049/4 indications [1] 2001/21 2049/17 2058/7 2102/3 2102/3 2103/11 2088/13 2088/21 2088/22 2088/23 2089/2 indicative [1] 2019/4 2103/12 2103/17 2103/20 2106/2 2106/5 indicator [1] 1976/2 2089/22 2090/4 2092/5 2093/1 2093/4 2106/7 2110/3 2110/4 2110/13 2110/18 indices [5] 2044/20 2048/17 2049/2 2115/15 2096/10 2096/18 2097/25 2098/21 2099/12 2110/18 2110/22 2110/23 2110/24 2111/2 2115/18 2100/2 2100/14 2128/2 2128/23 2111/4 2111/12 individual [31] 1974/17 1974/20 1994/2 intellectually [9] 2020/16 2035/2 2041/10 III [5] 1969/7 1971/16 2006/20 2090/22 1999/23 2000/7 2000/11 2001/6 2002/15 2041/16 2051/4 2053/5 2056/18 2088/10 2091/21 2011/6 2011/18 2012/17 2016/16 2017/5 2114/23 illustrate [1] 2045/20 intelligence [45] 1984/14 1984/17 2030/13 2017/20 2017/20 2017/23 2028/24 2033/3 illustrated [1] 2062/16 2061/7 2061/11 2075/7 2075/14 2089/8 2036/8 2036/16 2038/19 2039/22 2039/22 illustration [1] 2062/11 2092/2 2098/1 2098/5 2111/3 2124/7 2124/10 2039/24 2041/4 2041/8 2043/17 2043/20 imagine [1] 2132/17 2124/12 2124/19 2044/6 2046/16 2046/25 2055/10 2056/12 immature [1] 2001/14 2086/22 2090/1 2090/6 2092/17 2092/17 individual's [5] 2060/2 2091/24 2092/3 2095/11 2095/15 2097/18 2099/6 2099/18 immigrants [1] 2041/13 2124/4 2124/6 impact [2] 2060/5 2091/2 individuals [34] 1984/13 2000/3 2000/8 2102/18 2103/8 2103/10 2103/12 2104/4 impacts [2] 2018/19 2040/7 2009/4 2009/5 2010/25 2028/18 2028/21 2107/23 2108/1 2108/6 2108/7 2108/12 impaired [13] 2018/23 2040/14 2043/14 2030/20 2031/10 2031/14 2039/5 2039/9 2112/17 2112/18 2112/19 2112/20 2115/11 2054/23 2057/1 2060/3 2060/10 2060/11 2039/24 2043/14 2054/2 2054/24 2069/10 2116/7 2129/3 2060/15 2073/2 2083/14 2093/12 2119/25 2071/2 2089/11 2092/6 2095/21 2107/1 intelligences [1] 2099/16 impairing [2] 2018/18 2079/10 2107/5 2107/9 2107/22 2114/19 2116/21 intended [1] 2055/24 impairment [11] 2051/16 2068/5 2068/23 2118/2 2118/14 2119/8 2123/8 2123/22 intent [1] 2019/7 2069/13 2084/4 2084/4 2085/10 2088/23 2128/11 intentional [1] 2024/5 2089/1 2092/15 2114/20 inevitably [1] 2016/10 intentionally [1] 2016/21 impairments [3] 2030/21 2076/6 2076/11 infant [1] 1972/1 interacting [4] 2007/12 2008/5 2008/8 impede [2] 2106/13 2106/23 inflammation [1] 2081/13 2023/17 Implications [2] 2099/22 2123/15 influence [1] 2124/24 interaction [8] 2013/6 2013/17 2014/8 importance [4] 2055/8 2129/14 2129/19 2014/9 2014/10 2014/11 2019/20 2024/15 influenced [1] 2112/5 2130/7 influencing [1] 1971/5 interesting [9] 2002/4 2058/16 2061/5 important [20] 1974/8 1974/19 1974/19 informants [1] 2010/17 2075/12 2083/7 2101/10 2116/13 2120/16 1976/16 1980/15 2012/16 2036/23 2037/1 information [16] 1987/3 2012/5 2012/6 2126/2 2043/25 2047/15 2049/3 2051/19 2056/11 2012/12 2020/21 2036/6 2038/21 2042/23 internet [1] 2052/23 2060/1 2095/15 2102/5 2115/11 2115/13 2043/3 2052/20 2052/22 2060/25 2094/25 internship [2] 2028/8 2028/11 2128/18 2129/20 2095/1 2095/16 2097/15 interpersonal [7] 2023/19 2023/21 2065/5 imposed [1] 2132/9 informative [3] 2001/7 2012/4 2012/12 2065/17 2066/11 2066/14 2066/17 impossible [1] 2084/17 informing [1] 2053/7 interpersonally [1] 2065/23 Improper [1] 2006/15 informs [1] 2128/23 interpret [1] 2060/3 improve [3] 2076/25 2077/2 2087/5 inherent [1] 2109/10 interpretation [1] 1972/13 improved [2] 2018/5 2077/6 inhibit [1] 2057/5 interpretations [1] 1997/5 improvement [9] 2048/12 2048/12 2049/16 inhibition [1] 2057/4 interpreting [1] 2060/2 2049/19 2101/20 2112/5 2119/21 2120/2 initially [1] 2032/9 interpretive [2] 1967/1 1967/3 2120/3 interval [10] 1966/14 1966/15 1966/18 initiate [2] 2055/18 2055/22 improvements [1] 1976/14 injury [3] 1990/19 2018/17 2028/13 1967/14 2025/7 2101/21 2101/23 2129/7 impulsivity [1] 2033/23 inpatient [1] 2014/12 2129/8 2129/10 intervals [3] 1966/3 1966/10 1995/22 inability [1] 2021/24 inquire [1] 2026/20 inappropriate [1] 2004/18 intervene [2] 2076/24 2087/4 inquiry [3] 2057/17 2127/21 2128/23 inattention [1] 2033/21 intervening [1] 1977/13 inserted [1] 2011/16 incarceration [1] 2074/21 instance [12] 1974/8 1986/4 1986/25 1994/4 intervention [5] 2041/11 2077/17 2077/20 incident [1] 2068/22 1999/3 2011/10 2040/4 2042/20 2072/20 2084/15 2101/16 incidents [2] 2068/19 2068/25 2078/5 2088/14 2099/4 interventions [2] 2077/1 2077/14 inclined [2] 2082/24 2132/15 instances [5] 2039/19 2040/4 2044/4 2047/21 interview [4] 2011/6 2011/6 2011/21 2012/18 include [4] 2044/14 2052/7 2054/17 2118/13 2132/18 interviewed [1] 2032/13 included [4] 2032/10 2043/4 2049/4 2118/13 instead [3] 2038/3 2118/6 2135/19 interviewing [4] 2007/23 2007/24 2008/2 includes [3] 2033/20 2033/22 2035/16 institutionalization [1] 2041/11 2008/16 interviews [2] 2007/10 2072/21 including [3] 2003/22 2082/4 2091/1 instruction [4] 2076/14 2077/20 2078/15 inclusion [2] 1998/24 2012/17 2091/1 introduce [1] 2105/16

introduced [3] 2102/4 2108/6 2134/22 introduces [1] 1970/7 introducing [2] 2133/7 2133/8 invalid [3] 1975/16 1979/6 1999/9 investigation [1] 2002/14 investigations [3] 2106/12 2106/22 2119/3 involve [6] 2031/16 2094/20 2094/20 2094/21 2094/24 2094/24 involved [6] 2037/3 2037/3 2049/16 2068/14 2094/24 2115/6 involvement [1] 2005/15 involves [1] 2037/7 IQ [66] 2016/20 2025/6 2025/8 2025/11 2035/11 2035/11 2035/14 2035/16 2038/1 2039/1 2041/5 2041/6 2041/25 2041/25 2042/15 2042/16 2042/16 2043/18 2044/4 2044/7 2044/13 2044/21 2046/18 2047/6 2047/7 2047/9 2047/13 2048/5 2048/7 2048/9 2048/11 2052/6 2052/15 2052/19 2108/12 2108/21 2108/23 2112/7 2115/16 2117/7 2119/22 2121/16 2121/23 2122/5 2122/17 2123/5 2123/6 2123/7 2123/20 2123/22 2125/3 2128/25 2129/2 2129/5 2129/11 2129/15 2129/16 2129/19 2129/20 2130/2 2130/4 2130/6 2130/8 2130/9 2130/12 2130/13 IQ-type [1] 2052/6 IQs [3] 2109/14 2119/1 2123/20 irrelevant [2] 1970/13 1978/5 irrespective [1] 2014/2 is [561] isn't [7] 2015/12 2025/1 2051/25 2052/10 2109/10 2109/25 2125/5 isnt [7] 1976/17 1986/24 1993/25 1999/10 2080/13 2086/20 2098/16 isolated [6] 2030/22 2031/4 2040/11 2071/17 2088/24 2089/25 issue [26] 1970/14 1971/1 1973/7 1974/2 1982/11 1983/21 1993/2 1993/14 1994/12 1997/16 1999/10 2015/21 2067/2 2072/10 2074/14 2074/24 2081/8 2086/4 2093/21 2100/20 2115/7 2117/4 2122/14 2127/21 2132/18 2133/3 issues [15] 1976/16 2003/19 2007/7 2008/5 2009/2 2023/14 2072/5 2076/9 2091/3 2127/16 2130/16 2131/2 2131/16 2133/1 2133/2 issues...and [1] 2112/6 it [367] it's [51] 1973/7 1989/11 2000/10 2013/21 2014/12 2018/8 2020/13 2020/19 2023/9 2024/2 2024/13 2025/17 2031/9 2033/3 2037/4 2038/5 2039/5 2040/11 2044/10 2045/12 2047/4 2048/23 2049/18 2051/6 2051/9 2052/24 2054/2 2060/1 2060/14 2061/5 2081/14 2100/20 2105/24 2108/24 2109/1 2111/18 2114/8 2116/6 2118/4 2121/1 2121/14 2121/14 2121/15 2125/1 2125/15 2131/15 2131/17 2131/17 2132/21 2135/14

2136/14

item [1] 2036/25

items [19] 1982/1 1988/13 1990/17 2035/21

2038/11 2049/5 2049/14 2050/5 2050/9

2050/13 2059/8 2059/9 2059/14 2059/15

iterations [3] 2043/17 2103/10 2111/25

its [92] 1967/4 1967/6 1967/20 1967/23

1969/15 1970/2 1970/13 1970/24 1971/16

1972/17 1973/12 1974/4 1974/18 1975/4

1975/4 1975/17 1976/16 1977/7 1977/16

1980/25 1982/24 1983/5 1983/8 1986/1

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2107/17 2107/20 2110/25 2111/13 2111/13

1987/3 1987/6 1987/20 1987/20 1987/22 <u>119884201198842</u>0 1**98**946d 9**89/7(19**89/64 1989/18 1990/21 1991/3 1997/7 1999/1 1999/18 1999/19 2001/7 2001/14 2001/14 2004/20 2006/1 2007/5 2007/25 2008/6 2012/6 2012/16 2025/16 2026/8 2038/14 2066/13 2067/21 2077/22 2079/16 2079/16 2079/21 2080/4 2080/6 2080/8 2080/9 2080/9 2080/9 2080/17 2080/19 2081/18 2081/19 2083/7 2083/19 2084/2 2084/20 2084/21 2088/2 2088/2 2089/21 2089/23 2090/9 2099/7 2099/8 2099/20 2101/10 2101/16 2102/16 itself [4] 1976/2 1992/6 2019/16 2117/2 IV [27] 1988/25 1989/1 1989/2 1989/2 1989/3 1989/6 1989/10 1989/15 1989/18 1989/20 1990/10 1990/19 1991/3 1991/6 1991/7 1991/8 2034/10 2049/22 2050/9

2064/15 2102/3 2103/20 2108/8 2108/16

2108/17 2128/20 2129/5

Jack [1] 2076/13 JAMES [6] 1963/14 2050/19 2058/23 2088/22 2090/8 2108/11 James's [8] 2051/8 2051/15 2052/10 2053/4 2055/7 2056/12 2075/5 2076/6 January [2] 2127/4 2127/5 January 11th [1] 2127/5 January 4th [1] 2127/4 Jim [1] 1965/10 job [1] 2136/14 Johnson [1] 2098/14 Journal [3] 2003/12 2014/22 2099/21 JUDGE [1] 1963/10 judges [2] 2013/8 2013/14 judgment [4] 2016/24 2035/24 2042/20 2068/20 jumped [1] 2111/12 jumping [1] 2002/15 jury [2] 1971/12 2132/1 just [88] 1966/1 1967/22 1970/7 1971/24 1974/16 1974/18 1975/13 1976/3 1977/20 1978/13 1979/12 1982/20 1983/4 1983/10 1985/21 1987/3 1989/7 1989/14 1994/5 1994/9 1994/11 1996/11 2001/12 2001/14 2001/18 2004/13 2006/16 2007/24 2008/3 2008/4 2008/6 2008/10 2008/15 2009/25 2010/5 2010/14 2011/22 2020/3 2020/14 2020/25 2022/11 2026/21 2034/5 2038/8 2040/19 2041/24 2042/16 2045/22 2047/24 2047/25 2051/5 2051/8 2051/21 2052/19 2059/19 2060/16 2062/13 2065/11 2065/14 2069/6 2069/16 2079/16 2088/2 2090/9 2092/24 2096/3 2096/8 2108/15 2111/20 2114/7 2114/17 2114/23 2117/13 2117/15 2117/22 2117/24 2118/6 2120/3 2122/10 2123/2 2126/12 2131/5 2131/8 2132/6 2132/8 2133/17 2134/12 2136/9 Justice [1] 2014/22

K-a-p-l-a-n [1] 2028/10 Kaplan [1] 2028/10 Kaufman [27] 1981/8 1981/18 1982/18 1983/12 2039/8 2043/19 2095/19 2101/6 2101/21 2102/9 2102/10 2102/15 2103/18 2109/3 2110/9 2111/22 2112/15 2113/3 2115/1 2115/6 2116/3 2119/7 2123/2 2125/21 2125/22 2125/24 2126/5 Kaufman's [4] 1986/25 2102/7 2105/3 2115/10 keep [5] 1976/19 2008/4 2056/2 2108/24 2109/3

Pale 1209 of 209/PageID #: 17873 key [3] 2055/6 2088/22 2100/17 kid [7] 2067/22 2067/22 2068/9 2068/12 2092/15 2112/22 2125/4 kidding [2] 2125/25 2126/1 kids [7] 1976/11 1976/13 2068/8 2077/15 2081/16 2120/9 2125/7 kind [6] 1974/4 1984/14 2085/22 2107/20 2107/23 2114/12 kindergarten [1] 2033/14 Kitt [1] 1964/12 know [58] 1968/11 1968/14 1968/18 1968/24 1970/1 1970/2 1970/12 1976/8 1977/13 1983/8 1983/9 1983/23 1983/24 1984/6 1985/25 1987/17 1987/19 1989/22 1991/13 1993/17 2004/8 2006/9 2006/13 2006/19 2011/19 2014/3 2018/23 2021/13 2021/15 2043/13 2051/21 2056/25 2057/11 2057/21 2068/4 2076/17 2076/24 2077/15 2078/25 2081/1 2081/16 2082/17 2082/18 2089/19 2093/6 2093/17 2105/5 2112/18 2120/16 2125/1 2125/4 2130/19 2132/6 2134/6 2134/10 2135/14 2135/20 2135/21 knowledge [8] 2031/25 2035/21 2035/25 2039/16 2042/19 2043/11 2074/22 2086/3 known [6] 1968/16 1968/18 1987/25 2030/24 2105/17 2124/9

keeping [1] 2120/4

knows [1] 1991/7 L label [1] 2024/2 labeled [6] 2042/17 2042/22 2043/2 2043/6 2053/14 2108/22 labels [1] 1989/4 lack [6] 2016/8 2016/9 2018/14 2022/3 2039/23 2112/5 Lafayette [1] 1963/20 laid [2] 2045/17 2058/23 language [50] 2031/10 2031/11 2031/13 2031/16 2031/22 2032/24 2033/13 2039/5 2039/11 2039/12 2039/25 2041/22 2043/13 2043/15 2054/2 2054/5 2054/24 2056/22 2058/8 2058/25 2059/4 2059/13 2059/16 2060/20 2061/2 2075/16 2076/6 2076/9 2076/11 2078/9 2082/25 2083/1 2083/2 2083/8 2083/9 2083/12 2083/14 2083/19 2083/21 2084/2 2084/4 2084/5 2084/6 2084/9 2084/10 2084/13 2084/16 2096/24 2098/25 2099/1 language-based [16] 2031/10 2032/24 2039/5 2039/12 2054/2 2054/5 2054/24 2059/4 2059/13 2060/20 2061/2 2075/16 2083/19 2084/10 2096/24 2098/25 language-based learning [1] 2043/15 large [15] 2007/5 2013/8 2013/14 2018/5 2027/10 2034/19 2048/15 2049/13 2075/6 2095/24 2106/12 2106/22 2107/1 2114/2 2134/18 largely [4] 2022/2 2041/7 2054/10 2083/17 larger [7] 2001/9 2001/10 2001/22 2011/2 2016/15 2111/15 2120/1 largest [1] 2055/16 Larrabee [1] 1989/17 Larry [1] 2117/5 last [18] 1966/7 1974/11 1979/3 2004/9 2004/10 2020/3 2026/19 2047/6 2050/17 2053/18 2054/1 2054/16 2060/16 2061/4 2106/19 2107/5 2124/1 2127/11 lastly [1] 2113/2 later [9] 1971/16 1974/6 1980/20 1980/25

1983/13 2077/6 2081/18 2113/1 2130/6

law [8] 1963/22 1964/1 2003/13 2013/7

latter [1] 2122/18

2089/9 2102/21 2119/8 2119/24 2120/21 hnetation51342081415ed 02/09/16 law... [4] 2013/13 2099/21 2127/15 2127/21 lax [1] 2119/2 lay [1] 2093/25 learn [9] 1982/1 2011/6 2077/3 2077/6 2079/2 2079/3 2086/16 2086/16 2125/11 learned [6] 1992/8 1992/14 2018/10 2035/23 2060/18 2060/25 learning [115] 1984/18 1992/7 1992/8 1992/10 1996/2 2018/2 2018/16 2018/22 2019/8 2019/13 2022/1 2023/15 2027/15 2027/19 2028/16 2028/25 2029/3 2029/8 2029/10 2029/13 2029/18 2029/25 2030/7 2030/9 2030/10 2030/16 2030/17 2030/23 2030/25 2031/10 2031/11 2032/3 2032/17 2032/24 2034/9 2034/12 2034/15 2034/18 2034/23 2039/6 2039/11 2039/12 2043/15 2043/23 2044/19 2044/21 2045/1 2047/20 2048/2 2054/3 2054/5 2054/11 2054/12 2054/21 2054/22 2054/24 2059/4 2059/13 2060/19 2060/19 2060/20 2060/25 2061/3 2062/20 2064/5 2069/8 2069/10 2069/14 2069/17 2070/7 2070/15 2070/17 2071/11 2071/20 2072/8 2074/14 2075/17 2076/16 2078/1 2079/7 2079/12 2081/17 2083/19 2083/21 2083/22 2084/10 2084/18 2085/6 2085/9 2085/16 2086/5 2086/14 2086/15 2086/22 2087/3 2088/14 2088/20 2090/18 2090/23 2092/21 2095/22 2096/24 2097/10 2097/21 2098/25 2108/2 2113/4 2113/9 2113/10 2113/16 2113/22 2114/22 2115/8 2115/11 2119/25 least [8] 1972/3 1983/11 1991/24 2008/17 2018/3 2064/22 2130/13 2133/3 lecture [2] 2029/12 2029/15 led [3] 2033/6 2059/21 2066/6 left [2] 2026/22 2102/9 legal [5] 2001/23 2004/17 2122/18 2128/6 2128/8 leisure [2] 2068/13 2068/15 less [15] 1968/3 1983/5 2038/19 2043/15 2058/10 2060/15 2072/15 2076/8 2105/9 2112/25 2119/8 2121/14 2127/9 2129/16 2130/5 let [11] 1971/23 1978/22 1989/3 2011/19 2045/22 2047/24 2053/17 2093/15 2102/15 2107/11 2134/9 let's [8] 1979/11 2029/22 2034/17 2051/20 2056/17 2105/2 2120/10 2127/1 lets [5] 1965/16 1985/1 1996/18 2002/9 2002/10 letters [3] 2033/3 2056/24 2061/12 level [21] 1972/21 1974/7 1977/16 1977/18 1990/16 2009/24 2010/12 2018/14 2034/14 2056/18 2072/1 2075/24 2076/7 2083/15 2085/12 2087/1 2095/25 2096/14 2101/14 2102/21 2125/5 levels [2] 2085/14 2086/18 lies [1] 2097/16 life [6] 1972/18 2009/25 2019/7 2056/5 2081/18 2084/14 life-long [1] 1972/18 lifespan [1] 2027/17 light [1] 2133/18 like [25] 1969/4 1970/9 1971/4 1973/13 1984/5 1986/24 1993/8 1993/16 1993/21 2008/1 2008/8 2008/12 2009/19 2036/24 2068/22 2071/5 2081/18 2089/10 2097/3 2106/14 2130/19 2133/1 2133/2 2133/20 2135/18 likelihood [1] 1978/2 likely [14] 1987/23 1991/14 2001/23 2039/18 2042/11 2042/12 2073/24 2086/9 2088/4

limitations [5] 2089/8 2089/10 2091/14 2092/7 2092/9 limited [1] 2083/13 line [12] 1970/25 1979/17 2005/25 2025/8 2037/20 2037/21 2046/17 2046/18 2093/10 2108/10 2108/18 2112/12 lines [7] 1987/7 1995/2 2048/5 2048/7 2080/25 2118/11 2118/12 linked [1] 2079/18 list [5] 1979/17 1992/7 1992/8 1996/2 2054/14 listed [1] 1992/20 listing [1] 1986/2 lists [1] 2136/8 literacy [1] 2077/12 literate [1] 2077/10 literature [10] 1982/10 1982/15 1983/17 1987/14 1987/25 1989/13 1994/19 2003/1 2115/25 2128/3 little [20] 1981/12 1988/6 1989/10 2007/19 2013/8 2013/15 2021/2 2037/10 2038/3 2047/5 2047/8 2051/5 2058/10 2067/21 2070/23 2080/6 2081/7 2112/21 2122/3 2125/4 living [4] 1974/12 2055/14 2067/18 2067/19 lobes [1] 2055/15 local [1] 2071/1 logical [1] 2054/12 London [1] 2097/3 long [6] 1972/18 1973/23 1974/14 1984/18 2108/2 2132/4 long-term [2] 1984/18 2108/2 longer [5] 1984/14 2008/25 2015/7 2107/23 longitudinal [3] 2106/12 2106/22 2106/24 look [89] 1966/8 1966/25 1969/12 1971/6 1974/19 1976/22 1979/16 1979/19 1979/20 1983/14 1984/2 1986/20 2001/5 2009/19 2016/10 2020/9 2023/5 2024/19 2032/1 2036/20 2038/4 2041/20 2043/18 2043/20 2043/22 2044/11 2044/23 2046/14 2047/2 2047/15 2048/16 2049/21 2051/20 2053/14 2056/17 2062/17 2063/22 2063/23 2064/1 2066/13 2073/1 2074/25 2075/11 2076/16 2077/18 2081/2 2085/1 2088/8 2088/17 2090/10 2091/3 2094/13 2094/19 2094/23 2095/19 2096/1 2096/17 2096/22 2096/24 2097/2 2097/3 2097/5 2098/6 2098/6 2101/21 2101/25 2105/2 2105/3 2108/13 2108/19 2108/20 2110/21 2111/3 2113/2 2113/20 2114/10 2115/13 2115/18 2115/20 2116/1 2122/5 2122/12 2122/19 2124/11 2124/12 2124/13 2124/21 2131/6 2131/17 looked [14] 1991/15 2001/3 2010/6 2045/16 2045/17 2063/20 2064/3 2074/16 2074/24 2080/3 2089/20 2091/11 2103/19 2117/6 looking [34] 1974/3 1979/1 1999/15 2012/9 2012/10 2032/14 2035/4 2037/8 2037/15 2048/1 2053/3 2057/11 2061/8 2064/7 2069/21 2073/23 2076/5 2076/5 2077/20 2079/22 2079/24 2094/7 2096/3 2096/4 2098/4 2099/19 2101/4 2108/7 2108/11 2109/17 2113/11 2114/9 2116/19 2122/13 looks [2] 2081/18 2130/1 looms [1] 2106/22 LORETTA [1] 1963/13 losing [1] 2095/16 lot [12] 1993/10 1993/24 2008/18 2024/5 2030/6 2035/10 2052/21 2056/9 2056/9 2057/15 2119/20 2134/24 lots [1] 1987/25 loud [1] 2061/7

low [41] 1992/3 1992/23 1993/4 1994/16 Pade94/9701994/2102918/32022170 2025167874 2025/11 2035/2 2040/9 2042/6 2042/6 2042/12 2042/12 2046/22 2047/13 2047/17 2050/25 2051/1 2054/6 2054/20 2054/25 2057/2 2057/6 2059/21 2060/23 2062/13 2071/17 2072/1 2086/5 2086/19 2086/21 2095/10 2097/23 2120/25 2121/16 2128/10 2129/7 2129/9 low-average [4] 2062/13 2086/19 2086/21 2095/10 lower [16] 1986/10 1987/15 2000/24 2001/22 2016/21 2020/22 2034/20 2054/23 2057/8 2075/13 2083/1 2083/2 2083/5 2086/18 2100/1 2100/13 lowest [4] 2044/20 2058/14 2061/6 2061/8 LSAT [1] 2076/2 LYNCH [1] 1963/13 \mathbf{M} m's [1] 2088/17 M-a-p-o-u [1] 2026/19 made [17] 1969/18 1989/14 2000/12 2000/23 2038/5 2064/2 2076/20 2085/16 2092/20 2092/23 2093/5 2101/24 2104/2 2108/15 2115/12 2124/6 2124/8 mail [2] 2006/7 2006/10 mails [3] 2006/4 2006/17 2077/9 maintain [1] 1997/4 maintains [1] 2040/15 major [2] 2083/11 2131/19 majority [3] 1993/10 1999/5 2050/25 make [27] 1974/8 1981/24 1982/3 1983/4 2003/3 2014/3 2016/10 2024/10 2037/3 2038/7 2045/19 2055/13 2062/15 2064/11 2065/7 2065/11 2072/14 2077/22 2086/1 2092/14 2108/5 2110/22 2110/22 2117/9 2122/10 2122/21 2130/24 makes [5] 2047/5 2047/7 2062/18 2087/6 2095/2 making [6] 2056/1 2093/7 2095/17 2109/23 2120/18 2128/7 maladaptive [5] 2023/7 2023/10 2023/17 2024/8 2025/10 males [1] 2118/14 malinger [1] 1995/12 malingered [1] 1995/17 malingerer [1] 1995/12 malingering [18] 1993/2 1993/4 1993/12 1993/15 1993/18 1993/21 1994/3 1994/5 1994/7 1994/9 1994/10 1996/3 2015/20 2015/21 2015/24 2016/17 2016/23 2016/24 malleability [2] 1972/16 1974/3 man [5] 2023/15 2071/10 2071/23 2072/2 2072/6 manifestation [1] 2069/22 manner [1] 2130/15 manual [10] 1978/14 1989/15 1998/15 1998/18 2044/6 2069/3 2091/13 2129/3 2133/20 2133/23 Manufacturers [1] 1989/22 many [23] 1990/19 1999/21 2032/23 2040/4 2042/2 2045/18 2047/20 2050/5 2050/24 2050/24 2052/5 2055/10 2059/15 2062/12 2062/12 2066/7 2066/7 2071/5 2073/10 2077/23 2078/4 2107/17 2124/18 Mapou [12] 2026/11 2026/14 2026/19 2027/5 2027/23 2028/15 2030/6 2031/23 2034/8 2050/17 2051/10 2117/22 Mark [1] 2004/5 marked [7] 1997/10 2005/12 2048/12 2126/13 2133/22 2137/9 2137/13 Maryland [1] 2027/11 master's [1] 2028/5

measures [54] 1989/8 2001/4 2010/22 minute [4] 1980/13 1996/18 2026/3 2036/4 \mathbf{M} Panein4t914b200032P0361e4D7#61718/75 ase 1:04-cr-01 matches [1] 1989/20 12042/112939/45 2931/4/2035/109936/2 cr-01016-NGG 2036/5 2036/7 2036/9 2037/10 2037/13 misbehavior [1] 2019/18 material [4] 2006/3 2075/19 2076/4 2134/25 2038/3 2040/8 2041/12 2041/25 2041/25 miscommunicated [1] 2023/2 materials [1] 2058/19 misconduct [3] 2024/5 2024/6 2024/14 2043/9 2044/12 2044/14 2044/16 2044/22 math [2] 2036/9 2054/18 misdiagnosed [1] 2072/14 2044/22 2047/19 2053/18 2053/19 2054/1 mathematics [4] 2030/12 2078/18 2078/25 2054/3 2054/4 2054/10 2054/12 2054/16 misquote [1] 2081/2 2054/19 2054/21 2055/1 2056/20 2058/5 misquoting [1] 2090/15 Matrices [1] 2099/9 2058/5 2058/7 2058/7 2058/11 2058/12 misses [1] 2036/24 missing [5] 2036/21 2037/1 2038/14 2038/15 matrix [6] 2038/11 2049/6 2050/3 2050/6 2061/4 2061/4 2061/6 2063/22 2075/4 2099/7 2103/13 2038/17 2075/25 2097/12 2097/12 2097/17 2119/24 matter [6] 1971/10 2002/10 2002/11 2004/18 2120/17 misunderstood [1] 2033/1 2071/8 2127/20 measuring [4] 1989/11 2035/24 2094/10 Mix [1] 2084/1 maximal [1] 2092/6 Mm [2] 2085/8 2093/20 2121/24 maximum [1] 2091/25 mechanical [2] 1964/15 2120/20 Mm-hmm [2] 2085/8 2093/20 may [83] 1969/23 1969/24 1970/9 1971/4 mediated [1] 2018/2 modern [1] 2128/15 1971/6 1971/20 1972/9 1972/17 1973/5 Medical [1] 2028/9 modes [1] 2107/21 1975/6 1975/6 1977/14 1978/17 1978/17 meet [4] 2015/12 2074/23 2092/25 2093/1 moment [4] 1975/13 1985/12 2064/23 1992/3 1995/19 1997/1 1997/4 2004/7 2004/9 meets [2] 2076/10 2078/6 2075/11 2006/22 2010/12 2013/4 2013/5 2013/7 member [1] 2012/2 month [1] 2103/2 2013/13 2018/17 2018/18 2023/1 2025/21 months [3] 2009/6 2102/23 2107/16 members [1] 2133/9 2026/8 2026/20 2030/3 2030/22 2031/19 memory [25] 1984/18 2018/16 2018/22 more [84] 1969/25 1971/11 1973/15 1973/17 2048/24 2050/8 2053/11 2057/15 2058/25 2042/23 2043/14 2044/17 2044/18 2054/1 1973/17 1973/18 1974/3 1974/5 1974/19 2059/18 2059/19 2059/20 2060/5 2068/18 2054/4 2054/4 2054/11 2054/12 2054/13 1975/5 1983/3 1983/18 1983/18 1998/24 2068/22 2069/19 2069/19 2070/18 2073/6 2054/15 2054/21 2054/22 2054/22 2056/10 2000/23 2002/10 2004/1 2006/3 2007/19 2074/8 2078/14 2081/4 2084/3 2084/10 2058/6 2058/13 2060/23 2061/1 2097/11 2012/6 2015/11 2018/8 2019/9 2019/18 2084/14 2086/11 2087/7 2088/20 2088/21 2097/12 2108/2 2021/12 2021/24 2023/7 2023/7 2030/20 2088/24 2089/11 2090/14 2090/15 2092/16 men [1] 2075/16 2036/15 2036/17 2037/13 2038/1 2038/18 2097/2 2097/20 2098/17 2101/7 2101/16 meninges [1] 2081/13 2039/13 2039/18 2042/3 2043/8 2043/12 2106/13 2106/23 2106/25 2111/23 2111/23 meningitis [9] 2081/5 2081/8 2081/9 2081/10 2044/9 2045/19 2047/5 2049/13 2049/18 2112/3 2112/9 2112/25 2119/2 2119/5 2119/9 2081/12 2081/17 2081/19 2081/23 2082/2 2051/5 2051/18 2056/22 2057/13 2058/11 2126/8 2132/8 2059/12 2065/21 2069/13 2069/14 2071/13 mental [51] 1968/6 1969/10 1969/18 1969/19 maybe [9] 1970/9 1970/11 1994/6 2006/20 1969/21 1970/7 1970/10 1984/17 1994/16 2071/15 2071/19 2072/9 2075/15 2075/19 2007/19 2071/14 2087/10 2088/24 2120/2 2005/23 2013/2 2013/9 2013/15 2013/20 2076/4 2078/21 2080/6 2082/24 2083/16 MAYERLIN [1] 1964/9 2014/21 2017/2 2018/12 2019/5 2019/5 2084/8 2086/9 2086/16 2086/20 2088/4 McGOVERN [3] 1963/14 1965/10 2136/11 2024/20 2030/18 2034/23 2038/4 2040/10 2093/13 2099/4 2105/11 2110/5 2110/21 me [62] 1971/23 1974/21 1975/13 1978/22 2049/23 2065/8 2070/2 2084/18 2085/9 2111/18 2112/20 2114/4 2119/24 2121/21 1980/13 1984/5 1988/9 1989/3 1991/21 2085/12 2085/15 2099/24 2100/3 2100/15 2125/11 2128/1 2128/21 2130/4 2134/25 1992/3 1992/14 1994/11 2001/11 2001/14 2108/1 2115/22 2116/3 2116/11 2117/23 morning [10] 1965/6 1965/12 1965/13 2001/18 2011/11 2011/18 2013/19 2020/3 2118/22 2119/8 2123/8 2123/23 2124/8 1965/24 1965/25 2007/18 2027/5 2027/6 2024/6 2032/10 2045/4 2045/22 2047/24 2063/1 2063/2 2127/20 2128/3 2128/12 2128/16 2128/19 2051/14 2053/17 2053/23 2064/2 2070/16 2128/23 2129/12 morphed [1] 2023/22 2070/23 2071/10 2071/13 2071/16 2072/25 mentally [12] 2017/22 2017/24 2025/9 most [29] 1972/2 1986/11 1994/18 1995/11 2073/2 2075/11 2076/18 2085/17 2087/12 2042/24 2114/13 2115/20 2116/21 2119/4 1997/8 1998/14 2001/23 2009/1 2011/7 2088/22 2089/21 2090/3 2091/20 2092/24 2127/23 2127/24 2128/10 2129/1 2031/9 2034/1 2036/23 2037/1 2040/8 2093/15 2095/13 2097/25 2102/15 2105/22 2048/16 2052/24 2055/13 2059/9 2066/9 mention [4] 1991/24 1992/1 2026/22 2084/17 2107/11 2108/24 2110/1 2111/2 2113/11 mentioned [10] 1981/8 1991/14 2017/1 2073/24 2083/15 2088/17 2094/20 2094/23 2114/12 2118/3 2121/2 2125/6 2130/21 2035/9 2040/24 2042/19 2069/12 2070/4 2099/13 2101/8 2120/20 2120/21 2128/4 2131/10 2132/16 2134/9 2110/23 2132/20 mother [3] 2071/23 2072/4 2073/6 mean [47] 1975/11 1975/12 1976/9 1977/2 motion [3] 2030/2 2127/17 2130/21 merely [1] 2052/12 1977/25 1980/24 1982/5 1983/8 1983/11 merits [1] 2127/17 motor [1] 1992/5 1983/13 1986/1 1999/8 1999/10 2000/3 met [6] 2069/1 2074/7 2074/8 2074/8 2078/1 motor-speeded [1] 1992/5 2000/6 2001/2 2001/3 2001/7 2001/9 2001/10 2078/15 mountains [1] 2135/15 methodology [2] 1999/13 2073/4 2014/11 2016/1 2016/3 2016/4 2016/4 move [8] 1979/11 1985/1 1996/11 2005/2 2018/24 2020/25 2024/6 2025/2 2025/5 MICHAEL [3] 1963/22 1963/24 1965/13 2014/5 2049/1 2049/22 2098/16 2031/6 2034/16 2057/15 2057/18 2088/1 middle [4] 2077/4 2106/11 2106/21 2110/1 moved [1] 2053/12 2110/3 2118/12 2118/16 2118/25 2119/6 middle-aged [2] 2106/11 2106/21 moves [1] 2106/12 2122/11 2122/12 2127/19 2129/4 2129/6 might [27] 1968/2 1970/21 1972/6 1975/9 MR [12] 1965/23 1971/22 1978/12 1987/11 2129/6 2129/9 1978/14 1978/24 1999/5 2008/13 2010/12 1995/8 1996/13 2005/14 2062/25 2069/18 meaning [3] 1971/4 2013/18 2116/16 2034/6 2048/21 2049/15 2050/14 2053/10 2071/14 2087/8 2114/17 means [12] 1970/7 1972/20 1972/21 1979/15 2057/21 2060/20 2068/9 2086/14 2086/23 Mr. [73] 1965/14 1965/14 1965/17 1980/3 2035/12 2041/2 2057/21 2081/14 2089/8 2086/23 2093/8 2093/10 2101/22 2104/2 1991/16 1991/18 1992/16 1992/22 1994/4 1994/7 2006/4 2006/7 2007/10 2008/3 2105/5 2114/4 2116/15 2112/25 2120/12 2133/20 meant [3] 1979/23 2122/4 2122/6 2010/10 2011/11 2011/25 2013/18 2014/9 Mikvah [1] 2099/20 measure [41] 1975/5 1984/14 1984/16 mild [11] 2019/4 2034/12 2069/18 2079/11 2015/11 2015/13 2015/15 2016/25 2017/25 2001/3 2035/14 2035/17 2035/20 2035/21 2084/18 2085/11 2086/14 2087/8 2114/13 2019/1 2019/3 2024/4 2024/11 2032/4 2035/23 2036/5 2037/19 2038/12 2042/18 2114/17 2115/22 2032/13 2032/23 2033/15 2034/21 2034/22 2042/20 2043/6 2045/2 2054/14 2054/15 mildly [4] 2018/23 2060/11 2114/13 2115/20 2035/1 2038/25 2040/8 2040/18 2046/18 2057/4 2057/7 2058/8 2059/2 2059/3 2075/1 Miller [1] 2108/5 2046/21 2049/8 2053/23 2056/14 2057/8 2087/9 2096/16 2096/18 2097/3 2097/25 2058/17 2059/17 2060/23 2063/6 2063/15 Millis [1] 1989/17 2098/15 2098/21 2099/4 2099/5 2099/18 mind [6] 1981/1 2008/4 2023/4 2036/7 2064/25 2065/22 2068/6 2073/21 2074/12 2107/23 2107/25 2112/3 2112/9 2112/10 2077/13 2093/17 2076/17 2080/22 2081/9 2083/2 2109/10 2112/14 2112/15 2112/3 2127/23 2129/2 2129/8 2129/21 minds [1] 2002/20 measured [3] 1989/6 1991/2 2090/6 Mine [1] 1984/8 2130/2 2130/8 2130/13 2131/10 2132/22

 \mathbf{M} Mr.... [4] 2135/13 2136/4 2136/11 2136/12 Mr. Burt [8] 1965/17 2006/4 2006/7 2015/15 2016/25 2019/1 2136/4 2136/12 Mr. McGovern [1] 2136/11 Mr. Stern [4] 1965/14 2131/10 2132/22 2135/13 Mr. Wilson [43] 1965/14 1980/3 1991/16 1991/18 1992/22 1994/4 1994/7 2007/10 2008/3 2010/10 2011/11 2011/25 2013/18 2014/9 2015/11 2015/13 2019/3 2024/4 2032/4 2032/13 2032/23 2033/15 2034/22 2035/1 2046/21 2049/8 2056/14 2057/8 2058/17 2059/17 2063/15 2064/25 2065/22 2068/6 2073/21 2074/12 2076/17 2080/22 2081/9 2109/10 2127/23 2129/8 2129/21 Mr. Wilson's [17] 1992/16 2017/25 2024/11 2034/21 2038/25 2040/8 2040/18 2046/18 2053/23 2060/23 2063/6 2083/2 2112/3 2129/2 2130/2 2130/8 2130/13 MRI [1] 2079/22 MS [1] 2062/1 Ms. [2] 2085/17 2136/11 Ms. Cohen [2] 2085/17 2136/11 much [42] 1975/5 1982/24 1983/13 1988/18 1992/6 1992/11 1993/14 1993/20 1995/21 1999/19 2001/9 2001/10 2007/12 2007/21 2008/2 2011/25 2018/19 2020/22 2036/15 2036/17 2041/12 2047/12 2048/18 2056/12 2057/13 2065/21 2071/15 2071/16 2072/8 2076/18 2076/24 2080/12 2080/14 2083/1 2083/2 2083/5 2086/20 2111/7 2111/11 2117/10 2131/10 2131/15 MUI [1] 1964/7 multiple [6] 1982/19 2057/23 2058/3 2071/11 2072/8 2099/16 mundane [1] 2135/14 must [6] 2072/2 2128/4 2128/7 2128/15 2129/7 2129/10 mutual [1] 2135/7 my [65] 1975/19 1975/22 1981/1 1983/11 1986/22 1989/24 1992/1 1992/13 1992/20 1993/14 1997/17 1998/25 2000/7 2000/8 2000/11 2015/9 2015/14 2019/6 2020/19 2020/23 2020/24 2021/17 2023/4 2027/18 2028/5 2031/25 2032/16 2032/23 2035/8 2040/7 2045/16 2046/25 2050/23 2051/14 2051/25 2055/6 2056/2 2063/25 2069/21 2072/2 2072/25 2073/2 2074/13 2074/14 2074/17 2074/22 2077/13 2078/3 2079/16 2080/10 2083/11 2083/23 2084/11 2086/3 2088/3 2089/24 2094/3 2096/22 2097/24 2099/13 2111/3 2117/5 2124/9 2132/4 2132/4 myself [2] 2051/17 2081/2

N.Y [1] 1963/5 N357 [1] 1964/12 Nagler [1] 2129/20 name [6] 1968/15 1968/19 2026/18 2026/19 2056/24 2059/7 names [3] 1989/19 2083/24 2083/25 naming [7] 2056/21 2056/22 2056/23 2059/2 2059/6 2059/15 2059/22 narrow [4] 1976/7 2010/14 2010/23 2030/24 National [3] 1968/6 1968/21 1969/10 nature [4] 1969/1 2025/10 2027/21 2043/16 necessarily [6] 1988/21 2010/20 2011/4 2017/24 2018/24 2025/2 need [19] 1979/3 1980/9 2002/12 2002/13 2014/5 2020/12 2020/15 2034/6 2041/4 2041/10 2041/15 2041/15 2041/17 2055/22 2059/14 2064/16 2115/8 2126/11 2132/12

needed [5] 2011/21 2039/16 2071/21 2079/2 negative [2] 1993/12 1993/16 neglected [1] 2005/3 neither [1] 2037/23 neuroimaging [3] 2079/22 2079/23 2080/2 neurological [2] 1990/21 2027/20 neurologically [2] 2076/15 2077/19 neurologically-based [1] 2076/15 neurologists [1] 2080/11 Neurology [1] 1990/2 neuropsychological [6] 2016/20 2031/1 2063/13 2079/2 2087/2 2120/17 neuropsychologist [3] 2027/10 2027/13 2028/17 neuropsychology [5] 1999/12 2028/1 2028/9 2029/18 2029/23 never [8] 1986/19 2057/18 2083/9 2090/17 2090/23 2108/9 2114/8 2126/12 nevertheless [1] 2064/11 new [15] 1963/1 1963/16 1963/20 1963/20 1964/2 1964/2 1964/13 1970/8 1973/4 1996/15 2037/25 2038/3 2049/23 2102/4 2131/16 newer [3] 1988/2 2036/8 2049/6 newest [1] 2043/17 next [21] 1973/19 1985/22 1988/10 2007/18 2012/19 2026/9 2054/10 2057/4 2057/7 2061/13 2078/9 2103/22 2104/6 2105/25 2107/4 2107/4 2120/24 2120/25 2123/5 2123/18 2123/19 NGG [1] 1963/3 nice [2] 2008/22 2052/23 NICHOLAS [1] 1963/9 night [1] 1966/7 nine [5] 1974/22 1979/18 1981/4 2101/5 2121/14 Ninth [1] 2129/22 no [78] 1967/23 1974/25 1977/17 1978/16 1981/18 1983/16 1984/14 1984/20 1987/13 1988/21 1992/25 1996/8 1999/15 2000/15 2003/5 2005/9 2006/10 2012/11 2013/25 2014/12 2014/23 2017/23 2018/25 2019/6 2019/22 2022/14 2022/16 2024/1 2025/20 2034/24 2037/22 2046/6 2052/13 2056/3 2064/2 2067/25 2068/4 2069/4 2071/6 2071/7 2071/18 2079/19 2080/23 2081/20 2087/21 2089/17 2091/9 2095/2 2095/9 2098/3 2098/4 2099/10 2100/5 2100/16 2107/18 2107/23 2110/14 2110/15 2112/2 2114/8 2114/19 2114/21 2115/6 2120/14 2122/23 2124/15

2124/17 2126/5 2126/11 2126/16 2126/22 2126/25 2133/22 2134/13 2134/13 2134/14 2136/5 2136/7 No. [1] 1967/6

No. 81 [1] 1967/6 nobody [1] 2077/3 nonetheless [1] 2083/13 nonexistent [1] 2119/5 nonspecific [2] 2080/13 2082/6 nonverbal [5] 2041/20 2097/6 2097/21 2099/5 2107/17 norm [1] 1997/4 normal [6] 2066/1 2075/4 2086/16 2097/14 2114/19 2117/4 normative [2] 2010/21 2120/9 norms [7] 1996/20 1996/25 1997/3 1997/9 1998/10 1998/19 2010/25 Northington [5] 1993/1 1993/22 1993/23 1994/15 1995/5 nose [1] 1999/4 not [244]

not-best-effort [1] 1996/3

note [2] 2034/4 2076/23 n21611534 Filed 02/09/16 Paget 92 97405 Page ID #: 17876 nothing [6] 1973/12 1987/20 1996/4 2033/4 2100/18 2125/19 notice [2] 2046/20 2047/12 noticed [1] 2004/10 notices [1] 2113/24 notion [8] 1981/18 1982/19 2009/23 2012/9 2016/2 2016/12 2022/5 2061/8 novel [12] 1980/25 1983/6 1984/15 2049/8 2049/24 2050/13 2055/20 2056/5 2102/4 2107/24 2108/8 2110/11 novelty [11] 1981/10 1982/1 1982/4 1982/6 1982/7 1983/3 1983/10 1983/12 2048/22 2102/5 2108/6 now [88] 1969/20 1969/23 1970/5 1972/21 1977/2 1980/20 1986/20 1986/23 1987/1 1988/18 1991/15 1992/14 1994/5 1996/14 1999/11 2000/17 2006/1 2006/5 2006/9 2007/9 2014/3 2020/25 2021/2 2021/5 2021/10 2022/20 2023/5 2023/18 2023/21 2024/18 2025/24 2026/1 2029/3 2029/12 2030/16 2032/25 2034/3 2035/9 2036/2 2036/8 2037/11 2037/25 2038/11 2040/5 2040/17 2041/6 2042/22 2043/20 2044/16 2047/2 2047/15 2047/16 2047/24 2048/1 2049/3 2049/8 2051/5 2053/3 2055/2 2056/17 2056/21 2058/4 2059/3 2060/16 2073/18 2074/19 2076/12 2077/2 2078/20 2082/16 2084/17 2086/18 2087/6 2088/7 2089/24 2098/20 2100/24 2101/18 2111/7 2111/25 2117/14 2119/10 2120/14 2121/21 2123/2 2123/19 2127/10 2130/14 nuanced [1] 1969/25 number [24] 1968/9 1970/18 1975/16

1977/17 1986/1 1990/13 1994/1 1994/2 1997/2 2005/16 2007/5 2011/15 2011/16 2017/23 2018/15 2035/2 2037/16 2060/18 2060/22 2073/3 2078/1 2086/10 2090/25

numbers [3] 2045/17 2045/17 2045/18

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O-c-c-a-m's [1] 2088/17 O-l-l-i-e [1] 2014/20 oath [1] 1965/20 obeying [1] 2067/2 object [6] 1969/14 1986/17 2004/4 2005/25 2037/9 2043/4 objection [33] 1969/15 1970/15 1971/2 1971/7 1977/24 1978/6 1979/9 1984/24 1995/24 2000/14 2004/13 2004/15 2005/5 2005/9 2005/11 2006/3 2006/13 2006/14 2006/19 2014/15 2014/23 2014/25 2029/21 2030/3 2046/5 2046/9 2100/6 2126/15 2126/18 2130/25 2133/23 2133/25 2134/3 objections [1] 1997/22 objects [1] 2056/25 observation [3] 2002/12 2008/20 2040/7 observations [2] 2012/14 2074/17 observe [1] 2009/10 observed [1] 2003/24 obsolescence [2] 1998/11 1998/19 obtained [4] 1972/4 1992/19 2071/1 2102/20 obvious [4] 1977/7 2036/24 2048/16 2083/7 obviously [3] 2036/10 2066/24 2121/17 Occam's [1] 2088/16 occasion [2] 2070/20 2070/21 occasionally [1] 2072/11 occasions [1] 2035/2 occur [2] 2001/23 2049/2 occurred [1] 2025/14 occurs [2] 2030/12 2101/8

October [1] 1995/4

O 01016-NGG October 18 [1] 1995/4 odd [1] 1974/4 off [18] 1981/11 1982/2 1982/4 1982/5 1982/6 1982/7 1983/4 1983/10 1983/12 1989/24 2000/7 2048/23 2068/22 2085/23 2085/24 2086/1 2087/7 2087/21 offer [4] 2014/13 2029/17 2045/10 2046/3 offered [3] 1986/20 2082/5 2126/12 offering [2] 2015/7 2015/13 office [4] 1963/22 1964/1 2071/24 2072/2 often [18] 2032/25 2040/9 2044/12 2044/20 2054/23 2057/1 2059/10 2061/2 2078/21 2081/10 2083/18 2089/11 2090/20 2096/23 2098/12 2112/15 2114/4 2125/8 oh [6] 1970/6 1982/4 1989/16 1997/16 2026/21 2046/3 okay [96] 1966/6 1966/24 1967/9 1967/19 1969/2 1969/12 1971/18 1977/8 1978/22 1980/19 1981/23 1982/11 1983/1 1984/21 1989/25 1990/7 1995/14 1996/10 1996/12 2001/16 2001/19 2002/22 2003/10 2003/16 2005/5 2007/8 2009/18 2010/3 2013/17 2014/6 2016/25 2020/13 2023/3 2025/18 2025/19 2036/4 2038/22 2041/24 2043/25 2047/2 2053/16 2060/16 2063/17 2064/14 2067/7 2068/3 2069/5 2069/25 2070/19 2072/16 2072/24 2073/17 2074/1 2082/15 2082/21 2083/7 2084/22 2085/6 2085/19 2087/19 2088/6 2091/10 2091/22 2093/15 2094/2 2094/17 2095/8 2096/6 2098/5 2100/23 2102/14 2106/17 2107/11 2107/13 2109/23 2110/17 2111/1 2112/3 2113/2 2113/15 2114/6 2117/12 2117/18 2117/19 2118/13 2121/9 2123/12 2123/17 2124/1 2127/1 2132/14 2133/12 2134/23 2135/9 2135/10 2136/15 old [2] 1978/1 2120/11 older [7] 1973/17 1988/1 2018/9 2019/15 2099/8 2112/19 2116/15 Ollie [2] 2005/22 2014/20 once [3] 1983/3 2099/10 2100/20 one [112] 1966/23 1967/24 1970/21 1972/7 1973/4 1975/9 1976/17 1977/1 1977/2 1977/6 1977/21 1978/3 1978/15 1978/25 1979/3 1979/4 1980/24 1982/22 1982/23 1983/21 1985/22 1985/22 1987/13 1988/10 1988/14 1989/23 1996/14 1996/17 1997/16 1997/25 1998/7 2004/5 2005/3 2005/21 2006/2 2007/5 2009/14 2016/15 2017/10 2018/19 2023/20 2030/22 2034/12 2035/3 2035/25 2036/7 2036/20 2037/14 2037/20 2037/21 2037/23 2038/3 2038/13 2038/15 2040/7 2042/11 2042/12 2042/12 2042/17 2043/2 2043/4 2043/11 2044/4 2044/5 2045/13 2048/21 2049/2 2049/9 2052/2 2055/2 2055/6 2056/21 2057/4 2057/7 2058/8 2058/20 2062/15 2065/10 2067/1 2068/20 2069/16 2073/6 2073/7 2074/16 2080/20 2081/14 2082/22 2085/20 2088/25 2089/14 2090/25 2092/14 2093/6 2103/2 2103/8 2105/11 2111/20 2114/9 2115/17 2117/6 2117/7 2118/18 2118/19 2120/25 2121/21 2123/6 2123/21 2125/1 2125/7 2125/20 2129/9 2133/17 one's [7] 2016/11 2034/13 2035/14 2035/24 2084/14 2094/21 2094/21 ongoing [1] 1981/7 only [20] 1970/16 1972/19 1972/22 1973/2 1989/22 2001/17 2002/16 2016/4 2033/21 2052/25 2061/10 2073/2 2090/4 2098/24 2100/1 2100/13 2107/17 2108/12 2126/3 2130/11 onset [1] 2010/8

onwards [1] 2058/6 PRENTE 1199541 2021/6d 02/09/16 opening [1] 2127/6 opinion [38] 1993/4 1993/11 1997/17 1997/18 1999/14 2000/7 2000/13 2017/21 2020/19 2020/24 2032/5 2032/19 2032/22 2032/23 2033/15 2034/3 2040/6 2046/25 2050/23 2053/8 2053/8 2053/9 2064/25 2065/3 2067/25 2068/2 2077/25 2078/3 2078/3 2078/5 2079/12 2079/16 2080/10 2083/11 2089/24 2096/16 2100/19 2134/13 opinions [1] 2080/11 opposed [13] 1982/20 1984/17 2008/3 2036/24 2069/8 2075/8 2092/18 2104/4 2108/1 2111/16 2114/7 2120/4 2121/5 opposite [2] 2097/20 2097/22 option [2] 1967/12 1988/14 optional [1] 2038/2 oral [1] 2058/8 order [6] 1982/5 2011/1 2016/14 2055/24 2064/17 2133/18 organism [1] 2081/11 organization [19] 2040/24 2043/2 2043/10 2044/1 2044/9 2047/10 2047/16 2047/21 2048/6 2048/11 2048/17 2048/20 2049/2 2094/14 2094/15 2094/25 2096/20 2096/25 2119/23 organize [1] 2043/3 organizing [2] 2097/8 2097/10 original [2] 2102/23 2102/25 originally [1] 2042/21 Osterrieth [1] 2097/9 other [85] 1969/23 1969/24 1970/18 1971/4 1977/4 1977/13 1977/20 1978/3 1978/3 1979/13 1983/21 1983/22 1987/20 1988/19 1989/22 1989/23 1993/24 1995/22 1996/7 1997/14 1998/19 1998/20 1999/4 2000/8 2001/9 2002/17 2002/17 2008/11 2008/23 2016/8 2018/19 2019/5 2019/20 2019/22 2020/15 2025/20 2027/16 2032/14 2036/5 2036/9 2037/13 2037/19 2042/20 2043/12 2043/24 2044/11 2048/14 2050/2 2052/7 2052/21 2055/12 2055/14 2055/19 2057/10 2063/13 2065/9 2065/23 2066/7 2066/18 2068/8 2068/14 2070/11 2070/18 2074/21 2077/5 2077/23 2082/4 2082/10 2087/11 2098/7 2100/18 2101/10 2101/18 2108/11 2112/18 2114/14 2115/20 2120/3 2121/5 2122/11 2126/21 2127/22 2132/18 2135/4 2135/6 others [5] 1990/1 2017/17 2023/17 2089/11 2114/15 otherwise [1] 2089/15 our [8] 2011/17 2025/24 2027/14 2027/21 2042/4 2070/16 2082/23 2099/17 out [73] 1970/4 1970/11 1976/24 1977/22 1980/1 1987/2 1989/10 1990/23 1996/21 2000/1 2001/5 2002/13 2002/15 2006/2 2006/20 2008/10 2008/23 2011/21 2020/8 2020/15 2021/20 2031/17 2033/2 2033/9 2033/12 2036/20 2036/23 2037/21 2037/22 2038/1 2038/6 2038/8 2044/22 2044/25 2045/17 2047/6 2047/18 2050/8 2050/9 2055/21 2055/21 2055/23 2058/20 2058/23 2060/9 2060/10 2060/11 2061/7 2061/11 2063/19 2065/20 2068/7 2072/20 2076/14 2077/20 2080/15 2083/23 2087/22 2093/4 2093/11 2093/25 2103/17 2106/6 2110/19 2112/1 2119/24 2120/24 2122/9 2125/16 2130/25 2131/1 2132/7 2133/9 outcome [2] 2076/16 2081/20 outdated [2] 1996/21 1996/23 outgrew [1] 2020/22 outgrown [1] 2018/10

outside [2] 2065/24 2068/9 Paget vie 938 e o f 2 2 2 99 1 7 4 2 6 9 2 7 0 0 #: 17877 over [50] 1982/6 1994/1 1997/1 1999/25 2002/5 2005/18 2008/9 2008/20 2009/10 2029/22 2031/21 2032/4 2032/12 2036/14 2041/6 2046/18 2046/19 2047/9 2047/10 2048/10 2048/23 2051/5 2055/16 2056/6 2060/23 2063/15 2071/25 2077/13 2083/8 2083/13 2090/2 2101/12 2101/19 2101/19 2102/2 2105/9 2109/4 2109/4 2109/24 2120/4 2120/8 2120/9 2120/19 2120/19 2123/18 2123/19 2125/3 2127/1 2127/11 2135/20 overall [24] 1979/22 1991/11 1996/5 1996/8 2001/2 2030/22 2088/25 2089/3 2089/15 2089/17 2091/12 2095/4 2095/9 2095/10 2095/17 2096/10 2096/18 2096/22 2098/19 2118/12 2118/15 2118/15 2118/19 2124/23 overarching [1] 1998/24 overestimate [1] 2102/21 overestimates [1] 2109/14 overlap [4] 2016/1 2066/13 2070/1 2079/6 overnight [1] 1967/22 overreliance [1] 2098/10 overrule [1] 2006/18 oversight [2] 1967/23 2083/11 overstatement [1] 1979/6 overt [1] 2013/4 own [18] 1975/17 2002/6 2024/10 2027/18 2033/10 2035/8 2045/16 2051/14 2051/25 2058/18 2058/19 2077/2 2078/5 2079/12 2080/24 2083/25 2088/7 2090/16

P

P.C [1] 1963/19 page [48] 1966/8 1969/12 1970/19 1979/21 1984/5 1984/12 1994/24 1995/2 1996/24 2003/17 2012/19 2013/1 2013/12 2034/4 2037/8 2038/5 2038/12 2038/24 2051/20 2061/13 2074/2 2074/4 2074/5 2075/12 2082/23 2084/25 2085/4 2089/7 2091/13 2093/25 2094/3 2094/5 2094/8 2099/24 2103/22 2104/6 2105/3 2105/14 2105/25 2113/20 2116/1 2117/23 2117/25 2118/3 2118/4 2121/25 2123/18 2137/2 Page 125 [1] 1969/12 Page 151 [1] 2003/17 Page 154 [1] 2099/24 Page 165 [1] 1984/12 Page 20 [1] 2093/25 Page 22 [1] 2094/5 Page 23 [2] 2094/3 2094/8 Page 29 [1] 2075/12 Page 344 [1] 2082/23 Page 35 [1] 2074/2 Page 41 [1] 1966/8 Page 47 [1] 2091/13 Page 51 [3] 1996/24 2084/25 2085/4 Page 7 [1] 2089/7 Page 78 [1] 1995/2 pages [6] 1969/13 2040/17 2091/7 2127/6 2127/7 2127/9 paid [1] 2071/3 painfully [1] 2135/15 paired [2] 2037/15 2054/13 paper [1] 2000/2 paragraph [9] 2106/18 2106/19 2107/4 2107/5 2107/11 2107/14 2123/5 2123/13 2123/17 PARALEGAL [2] 1964/8 1964/9 parcel [1] 2078/22 parents [2] 2067/22 2071/19 parse [3] 1976/24 2008/10 2024/24 parsimonious [1] 2088/18 parsing [1] 2020/8

P 1216/17 215/84 2144/6/17/2/169/15622 Pages 19/4/07/205 Page ID #: 17878 2118/17 2118/19 2118/20 2118/23 2118/25 point [45] 1966/23 1969/16 1976/22 1985/4 part [20] 1986/18 1993/11 1996/1 1996/2 2004/22 2028/8 2032/12 2037/11 2039/1 2119/1 2119/4 2119/7 2119/22 2121/7 1986/10 1987/15 1991/5 1993/8 1997/16 2040/8 2050/14 2055/15 2056/22 2065/14 2121/13 2121/17 2123/7 2123/22 2124/19 1998/24 1999/2 2001/14 2002/4 2002/9 2065/20 2069/12 2078/22 2094/20 2094/23 2004/13 2009/9 2019/17 2020/3 2021/13 2130/6 2130/11 performed [3] 2039/18 2041/21 2075/20 2021/14 2022/2 2023/22 2024/7 2024/9 2097/17 2047/6 2074/22 2077/7 2082/22 2083/23 parte [1] 2132/20 performing [1] 2079/25 particular [19] 1968/20 1999/5 1999/23 perhaps [12] 1996/7 2015/16 2017/15 2087/1 2087/10 2087/12 2094/6 2101/24 1999/25 2000/6 2011/5 2034/21 2036/25 2017/16 2042/7 2046/23 2048/14 2051/18 2103/12 2106/14 2107/15 2108/5 2109/23 2043/25 2054/22 2057/9 2065/24 2079/25 2068/23 2071/21 2072/14 2100/22 2111/18 2115/12 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2109/5 2109/7 2109/17 2109/19 2109/19

2026/17 2030/8

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prongs [1] 2063/20 pronounced [1] 2021/12 properly [1] 2129/17 properties [1] 1986/4 proposal [2] 2130/22 2132/23 prorated [3] 2044/4 2044/7 2129/20 prorating [2] 2129/19 2129/20 prosecutors [1] 2002/23 proverb [1] 2057/13 proverbs [4] 2057/14 2057/19 2057/24 provide [5] 2030/8 2062/11 2127/14 2134/12 provided [4] 1997/10 2013/1 2032/9 2134/21 provider [1] 1973/3 providing [3] 2003/25 2005/18 2019/1 proximal [1] 1975/5 psychiatric [1] 2032/11 Psychiatry [2] 2003/13 2099/21 psychological [7] 1996/25 2010/2 2032/20 2052/2 2052/3 2101/10 2128/5 Psychologists [1] 2083/24 psychology [5] 2004/16 2014/22 2028/2 2028/5 2028/6 psychometric [1] 2051/24 psychomotor [1] 1990/18 public [1] 1999/14 publication [1] 2100/7 publications [1] 1968/20 published [4] 1968/19 1998/1 2029/3 2106/3 pull [2] 2135/19 2135/23 pulled [1] 1987/2 pulling [1] 2122/15 pure [3] 2043/9 2045/2 2048/17 purely [3] 2076/9 2099/7 2101/20 purer [2] 2044/12 2044/22 purest [1] 2112/14 purpose [4] 2011/19 2041/9 2051/12 2070/14 purposes [6] 1989/11 2005/24 2014/21 2100/3 2100/15 2127/25 pursuant [1] 2006/5 pursued [1] 2071/25 put [26] 1966/9 1986/21 1986/21 1992/5 2010/20 2038/21 2041/24 2042/3 2045/13 2045/15 2045/22 2045/23 2051/10 2051/14 2051/24 2051/25 2053/17 2064/7 2098/3 2098/22 2118/3 2133/23 2134/6 2134/11 2134/11 2135/3 putting [13] 2031/14 2039/15 2046/1 2051/12 2057/21 2058/8 2061/11 2062/5 2062/9 2064/23 2065/3 2099/1 2134/24 puzzle [6] 2037/10 2038/4 2038/4 2038/7 2038/12 2049/23 puzzled [1] 2059/1 puzzles [2] 2103/14 2107/18

qualify [3] 2025/13 2089/22 2089/23 question [43] 1970/1 1970/2 1970/24 1971/12 1971/15 1971/20 1975/19 1975/22 1976/24 1977/9 1978/8 1978/21 2006/19 2008/10 2010/9 2010/10 2063/16 2064/23 2064/24 2065/4 2067/21 2069/12 2072/22 2077/13 2080/20 2084/22 2085/20 2087/11 2087/13 2089/19 2097/24 2111/10 2111/19 2112/12 2119/10 2121/21 2122/7 2125/20 2131/22 2133/7 2133/8 2133/17 2134/5 questionable [2] 1984/16 2107/25 questionnaire [5] 2011/21 2130/20 2131/9 2131/11 2133/9 questionnaires [1] 2131/18

questions [17] 1970/13 1985/9 2017/9 2019/9272035/2002935/22020390164204071979 2062/21 2097/7 2112/13 2117/13 2117/15 2119/12 2122/24 2132/25 2133/2 quickly [3] 1982/8 1982/9 2056/25 quiet [1] 2093/8 QUINN [2] 1964/1 1964/3 quite [13] 2018/6 2048/10 2048/22 2048/25 2054/21 2057/24 2060/19 2071/14 2077/12 2107/1 2111/6 2122/8 2126/5 **quotation** [1] 2014/2 quote [2] 1987/7 2107/9 quoted [1] 1996/19 quoting [2] 2082/22 2094/7

R-e-s-c-h-l-y [1] 1968/13 Rack [1] 2113/21 raise [4] 2026/12 2081/24 2132/21 2133/3 raised [3] 1970/24 2006/9 2024/4 raises [4] 1992/3 1992/9 2001/11 2077/13 RAMIREZ [1] 1964/8 range [44] 1966/21 1970/12 1994/18 1994/22 1994/22 1995/13 2000/25 2001/22 2002/2 2018/22 2018/23 2019/12 2022/7 2025/12 2027/20 2028/18 2030/21 2030/24 2035/3 2040/9 2040/14 2046/22 2047/13 2047/17 2047/22 2051/1 2051/3 2051/4 2051/18 2052/18 2054/20 2058/1 2060/11 2062/12 2062/14 2071/14 2071/15 2075/20 2079/11 2086/11 2086/19 2087/8 2096/24 2121/16 ranges [2] 1994/22 2002/11 ranging [2] 2040/3 2117/6 rapid [4] 1972/2 1990/8 2056/23 2059/6 rate [3] 1977/19 1977/23 2079/5 rather [11] 1982/8 1982/9 2031/4 2043/18 2044/18 2051/15 2064/3 2064/5 2066/8 2092/1 2094/13 rating [1] 2074/20 rational [1] 2128/9 Raven's [1] 2099/8 raw [4] 1966/25 2126/13 2129/14 2129/15 Razor [1] 2088/16 reach [3] 2055/22 2074/11 2074/15 read [40] 1970/18 1971/23 1990/2 1998/5 2000/13 2004/7 2005/22 2007/3 2046/22 2061/7 2068/24 2075/6 2075/8 2075/14 2075/21 2075/22 2075/23 2075/24 2077/4 2077/6 2077/7 2079/2 2082/18 2082/19 2082/20 2089/19 2089/21 2090/22 2091/18 2091/21 2099/15 2100/9 2100/11 2102/12 2106/14 2115/25 2118/6 2118/15 2121/25 2123/2 reader [1] 2077/16 reading [36] 1981/9 2016/4 2030/11 2031/7 2031/12 2033/1 2033/2 2057/1 2059/10 2059/11 2061/5 2061/6 2061/10 2070/6 2074/25 2075/15 2075/18 2075/18 2075/18 2076/25 2077/2 2078/20 2078/21 2084/5 2084/7 2084/8 2085/12 2086/12 2086/13 2086/23 2087/5 2087/9 2088/4 2098/13 2118/6 2135/1 ready [3] 2080/9 2080/13 2080/25 real [12] 1999/17 1999/18 2009/15 2010/1 2010/5 2010/14 2012/10 2016/18 2021/6 2022/23 2102/5 2136/14 real-world [5] 2009/15 2010/1 2010/5 2010/14 2012/10 realize [1] 2098/20 realized [2] 1992/2 2126/12 really [38] 1970/3 1972/19 1981/1 1983/13 1986/19 1995/19 2002/10 2016/10 2019/18 2021/24 2023/2 2023/4 2035/14 2035/24

2036/5 2037/9 2038/21 2039/10 2039/20

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2100/17 2113/17 2123/5 2123/20 regard [5] 1995/16 2016/7 2018/5 2066/16 researchers [3] 1998/20 1998/21 2042/8 reasonably [9] 1970/21 1972/6 1975/9 2087/25 residual [2] 2022/1 2081/5 1978/14 1978/25 1991/20 2002/18 2018/21 regarding [5] 2002/25 2003/18 2020/11 resolving [1] 1968/22 2115/10 2133/19 resources [3] 2067/20 2067/23 2071/3 reasoning [24] 2035/20 2035/24 2036/22 regardless [3] 2003/1 2087/1 2087/5 respect [6] 2048/2 2055/5 2121/11 2121/11 2037/4 2037/12 2038/11 2038/12 2042/18 regularly [1] 2029/12 2121/18 2122/10 2043/11 2047/17 2048/6 2049/7 2050/3 regulations [1] 2067/3 respond [5] 1998/7 2036/12 2036/18 2038/7 2050/6 2053/23 2075/2 2095/1 2097/2 rehabilitation [2] 2028/12 2028/13 2039/16 2097/15 2099/7 2099/8 2103/14 2108/23 reinforces [1] 2061/8 response [5] 1993/13 1993/16 2036/16 reintroduce [1] 2102/4 2057/5 2127/4 reasons [12] 1969/24 1974/1 1976/17 1980/2 reinvent [1] 2131/12 responses [1] 2057/6 1988/11 1991/14 1996/14 2044/3 2063/23 relate [3] 2052/11 2065/23 2066/17 responsive [2] 1970/24 2127/4 2074/13 2110/9 2132/2 related [7] 1976/15 2007/7 2009/2 2058/11 rest [1] 2058/5 recall [11] 1981/8 1985/9 1987/18 2054/12 2058/12 2060/4 2069/14 restlessness [1] 2033/22 2060/23 2073/7 2075/10 2080/21 2107/17 relates [1] 2017/3 restoration [1] 2009/5 2119/13 2122/7 relating [1] 2066/15 rests [1] 2126/22 recalled [1] 2071/23 relationship [1] 2081/20 result [8] 2018/16 2022/9 2023/11 2023/11 received [10] 2005/10 2006/6 2015/1 relationships [1] 2058/19 2080/14 2109/9 2109/10 2109/20 2026/25 2046/10 2126/18 2126/19 2132/1 relative [1] 2031/9 results [13] 1988/2 2010/2 2016/15 2032/15 2032/16 2040/18 2056/14 2063/22 2090/18 2134/2 2134/4 relatively [2] 2072/1 2124/22 recent [6] 1997/8 2021/1 2035/7 2038/18 relatives [1] 2066/5 2090/24 2106/13 2106/23 2112/20 2128/2 2130/4 relevance [7] 1969/15 1970/3 1971/12 retained [1] 2060/24 recently [2] 2072/4 2076/1 1977/24 1978/2 1996/1 2006/20 retardation [39] 1968/7 1969/10 1969/18 receptive [2] 2078/9 2084/1 relevant [6] 1971/9 1971/16 2007/4 2018/8 1969/19 1969/21 1970/7 1970/11 1994/17 Recess [1] 2026/5 2005/23 2013/2 2014/21 2017/2 2019/5 2063/15 2127/17 recognize [1] 1968/15 reliability [2] 1968/3 1970/25 2019/5 2030/19 2034/23 2040/10 2065/8 recognizing [3] 2003/17 2013/9 2013/15 reliable [1] 2128/5 2084/18 2085/9 2085/12 2100/3 2100/15 recollection [8] 1983/11 1986/22 2011/8 rely [4] 1972/19 1972/21 1974/16 2099/17 2115/22 2116/4 2116/11 2117/23 2118/22 relying [3] 2051/15 2067/22 2113/3 2119/2 2119/9 2123/8 2123/23 2124/8 2011/13 2015/9 2015/14 2072/25 2077/3 recollections [2] 2010/23 2011/20 remained [1] 2072/1 2127/21 2128/3 2128/13 2128/16 2128/23 recommend [1] 2001/20 remand [1] 2131/24 2129/13 recommendation [7] 1976/18 2001/24 remarkably [1] 2108/24 retardations [1] 2128/19 remember [16] 1966/4 1968/1 1968/4 2001/25 2002/7 2003/25 2004/3 2004/14 retarded [11] 2017/22 2017/24 2025/9 1989/19 1993/1 2015/10 2015/18 2017/3 Recommendations [2] 2003/12 2099/22 2114/13 2115/20 2116/21 2119/4 2127/24 recommended [2] 1998/18 2063/21 2017/7 2017/11 2017/17 2047/14 2052/3 2127/24 2128/11 2129/1 record [10] 1972/23 1973/6 1996/6 2004/22 2057/19 2107/16 2107/20 retention [1] 2061/1 2012/10 2014/17 2014/19 2018/1 2026/18 Remind [2] 1965/19 2070/23 retest [9] 1980/20 1981/9 1982/11 1982/20 2134/20 renames [1] 1989/10 1982/22 2102/20 2102/22 2106/24 2106/25 recorded [1] 1964/15 render [1] 2050/12 retested [1] 2107/16 records [29] 2011/23 2011/24 2018/3 renders [1] 2102/20 retesting [2] 1976/19 1980/5 2022/17 2032/1 2032/6 2032/9 2032/10 renewed [1] 2009/6 retests [1] 1980/5 2032/10 2032/12 2033/8 2034/1 2034/2 Renorming [1] 1997/4 retests -- some [1] 1980/5 2034/22 2035/1 2046/17 2063/14 2064/22 rethink [1] 2071/21 repeat [1] 2042/24 2065/20 2066/4 2067/10 2067/15 2068/6 repeated [2] 1974/9 1980/22 retried [1] 2132/11 2068/24 2073/24 2077/1 2078/6 2081/22 repeatedly [4] 1984/13 2090/2 2105/15 retrieval [2] 2059/3 2059/12 2091/7 retrieving [1] 2059/5 2107/22 RECROSS [2] 2020/1 2122/25 repeating [2] 2036/7 2109/3 retrospective [1] 2010/21 RECROSS-EXAMINATION [2] 2020/1 repetitive [1] 2120/20 return [1] 1966/1 2122/25 rephrased [1] 2122/3 reversal [1] 2132/10 red [3] 1979/17 2046/17 2047/6 reply [1] 2127/7 reversed [2] 2047/4 2114/1 Redirect [4] 2005/1 2015/2 2015/4 2117/20 report [38] 1966/7 1966/15 1967/1 1967/3 reversing [1] 2033/3 reduced [1] 1990/14 1967/9 1967/14 1967/17 1967/21 1967/21 review [11] 1997/2 2010/21 2015/6 2017/10 reduction [1] 2076/3 1979/21 1991/25 1992/1 1992/13 1992/20 2032/1 2032/6 2050/18 2064/21 2067/9 refer [4] 2052/3 2053/2 2081/11 2097/21 2007/9 2020/23 2034/4 2034/7 2035/9 2094/19 2113/17 reviewed [9] 1994/19 2020/21 2032/9 reference [10] 1969/18 1997/5 2000/17 2038/24 2040/17 2050/18 2055/7 2073/18 2038/24 2074/13 2084/3 2085/21 2085/22 2073/21 2074/2 2074/13 2077/8 2078/14 2032/11 2035/8 2050/21 2071/11 2071/12 2080/23 2083/23 2093/21 2121/15 2121/22 2102/15 2105/5 2073/25 referenced [4] 1969/17 2017/6 2021/12 2122/1 2122/16 2124/9 2126/13 reviewing [1] 2078/5 reported [3] 1967/20 2003/24 2074/17 2021/17 revised [1] 2103/18 references [1] 2065/25 Reporter [1] 1964/11 Rey [1] 2097/9 referencing [1] 2083/5 reports [4] 1998/14 2015/6 2082/18 2089/21 Rey-Osterrieth [1] 2097/9

R right [117] 1965/9 1974/10 1975/20 1976/1 1977/6 1977/25 1979/7 1979/19 1980/6 1980/11 1980/23 1981/6 1981/13 1982/16 1982/19 1982/21 1985/23 1986/7 1986/24 1987/21 1987/25 1993/5 1993/7 1993/13 1993/22 1994/12 1994/23 1995/9 1995/15 1996/2 1996/16 1997/6 1997/20 1997/24 1998/5 1999/6 2000/24 2002/1 2002/3 2002/11 2004/15 2005/10 2007/2 2008/7 2009/13 2009/17 2011/3 2014/24 2019/22 2021/22 2023/13 2023/19 2024/23 2025/15 2025/21 2026/8 2026/12 2026/20 2026/24 2027/2 2029/22 2030/2 2039/1 2046/7 2052/14 2052/20 2064/20 2065/14 2067/3 2077/24 2078/24 2080/5 2082/1 2082/7 2087/17 2089/5 2095/9 2095/12 2100/8 2101/1 2103/7 2106/3 2106/9 2108/14 2108/18 2109/1 2109/3 2109/9 2109/13 2109/21 2110/1 2110/7 2110/10 2111/21 2112/7 2113/18 2114/18 2116/16 2116/17 2117/3 2117/9 2117/14 2118/14 2119/16 2123/10 2124/5 2124/12 2126/23 2131/4 2131/7 2131/21 2133/6 2133/13 2134/2 2135/1 2136/3 2136/11 rights [1] 2019/20 risk [1] 2128/11 Rm [1] 1964/12 ROBERT [5] 1965/3 2000/9 2026/11 2026/14 2026/19 role [5] 2043/23 2063/25 2069/6 2081/19 2125/15 RONELL [1] 1963/5 room [2] 2126/3 2126/4 ROTHMAN [1] 1963/19 roughly [1] 2058/10 row [1] 2050/8 RPR [1] 1964/12 rule [3] 2020/15 2110/19 2112/1 rules [2] 2067/2 2067/2 ruling [1] 2063/18 rulings [1] 2003/19 run [1] 2079/17 Russell [1] 2055/11

S-e-a-y [1] 2014/21

safety [2] 2068/17 2068/18 said [60] 1967/12 1973/16 1979/12 1979/21 1981/12 1982/9 1982/15 1983/20 1986/20 1993/20 1993/22 1993/24 1994/2 1994/7 1994/11 1997/13 2000/9 2001/2 2002/17 2003/7 2014/1 2020/17 2021/3 2022/11 2028/16 2034/7 2039/14 2041/14 2041/24 2048/1 2060/13 2063/3 2067/15 2069/16 2070/20 2072/23 2074/19 2076/18 2077/5 2077/21 2080/14 2080/14 2081/1 2081/4 2081/6 2082/22 2088/7 2088/22 2090/8 2090/14 2090/20 2091/1 2091/11 2096/7 2101/7 2108/11 2122/10 2124/10 2132/22 2134/6 same [54] 1974/1 1974/2 1975/6 1975/16 1977/16 1978/4 1985/14 1989/12 1989/14 1989/23 1991/2 1991/14 2011/1 2041/13 2045/13 2049/11 2050/3 2051/21 2052/12 2056/10 2064/2 2069/17 2072/19 2076/3 2077/18 2077/21 2078/22 2079/1 2084/11 2084/12 2087/3 2087/22 2092/14 2092/20 2092/23 2093/5 2101/19 2101/25 2102/1 2103/20 2105/2 2105/15 2105/23 2111/24 2114/12 2115/7 2115/19 2116/1 2117/23 2120/21 2121/1 2121/3 2121/4 2123/18

sample [4] 1997/1 2113/25 2114/1 2118/13

San [1] 1963/23 sanity [1] 2009/3 sat [1] 2077/14 satisfy [2] 2064/17 2129/8 saw [6] 2040/2 2055/7 2074/18 2076/1 2077/9 2093/18 say [82] 1970/6 1972/18 1974/11 1974/18 1975/9 1975/14 1975/15 1977/12 1977/16 1978/13 1978/16 1979/5 1979/18 1980/1 1982/5 1982/17 1991/3 1991/4 1992/13 1993/14 1994/4 1994/7 1994/10 1994/19 1996/20 1998/10 2001/16 2003/17 2007/22 2008/16 2010/25 2011/10 2012/1 2012/4 2012/5 2014/11 2016/19 2023/1 2023/9 2023/14 2024/3 2024/13 2025/2 2025/17 2031/6 2034/17 2063/24 2068/2 2068/4 2069/20 2073/10 2081/24 2082/13 2084/9 2084/10 2085/25 2086/21 2089/16 2090/12 2093/6 2094/6 2098/5 2098/12 2099/12 2100/17 2100/21 2101/11 2110/14 2110/19 2111/24 2112/9 2113/3 2115/21 2120/10 2124/14 2124/21 2125/4 2127/24 2131/15 2132/2 2132/8 2133/8 saving [36] 1972/11 1979/8 1980/9 1981/20 1982/7 1990/1 1990/22 1994/10 1995/10 1995/18 1997/7 1997/15 2003/5 2020/7 2020/13 2020/14 2020/23 2021/5 2021/8 2021/10 2021/11 2021/18 2022/15 2023/21 2024/18 2025/1 2033/24 2052/20 2057/15 2072/18 2088/12 2092/13 2108/4 2109/3 2119/7 2133/1 says [40] 1970/6 1970/19 1971/25 1973/19 1973/20 1983/18 1984/12 1989/23 1997/6 2003/8 2013/1 2020/9 2082/9 2084/19 2084/25 2085/9 2087/21 2089/7 2090/22 2091/13 2091/23 2095/19 2095/23 2096/1 2099/24 2101/21 2102/9 2102/16 2105/13 2106/9 2107/5 2107/15 2110/10 2113/5 2115/1 2115/4 2116/13 2116/19 2123/5 2123/20 scale [28] 1984/11 1990/20 1992/18 1992/23 2003/23 2052/6 2094/8 2094/13 2095/22 2096/4 2096/17 2098/4 2098/6 2098/14 2098/22 2099/11 2100/21 2100/24 2102/24 2102/24 2103/4 2103/4 2109/14 2118/23 2121/16 2121/23 2122/5 2122/17 scaled [1] 2053/5 scales [1] 2074/20 scan [6] 1992/9 2037/20 2080/24 2081/4 2082/4 2082/13 Scanning [1] 2080/6 scans [1] 2079/23 schedule [2] 2127/1 2127/2 SCHEIDER [1] 1963/19 schizophrenia [2] 2080/21 2080/22 schlepping [1] 2135/19 scholar [2] 1968/16 1968/18 scholars [1] 1968/9 school [12] 2022/4 2031/21 2035/23 2039/12 2066/9 2068/25 2071/8 2076/23 2077/4 2098/12 2112/5 2125/9 schooling [1] 2085/14 Schretlen [1] 2117/5 science [3] 1969/1 1971/5 1971/5 scientific [7] 1968/22 1981/22 2002/14 2003/20 2004/1 2079/16 2127/23 score [83] 1967/9 1972/11 1972/13 1972/17 1972/21 1973/2 1973/4 1975/17 1976/4 1976/4 1976/18 1976/20 1976/23 1977/1 1977/5 1977/9 1977/10 1977/21 1978/4 1979/3 1979/13 1980/8 1980/9 1980/11 1980/13 1980/15 1986/16 1987/15 1991/23

samples [6] 2077/9 2118/13 2118/17 2118/21

12148/1221313444 Filed 02/09/16 Pal2611497018/12201354142016510176447881 2047/6 2047/7 2047/13 2053/6 2053/17 2053/18 2057/2 2058/16 2059/21 2060/4 2060/9 2071/17 2075/23 2085/23 2085/24 2087/8 2087/22 2088/4 2095/16 2098/13 2098/15 2098/17 2098/17 2100/14 2102/6 2102/20 2111/4 2111/8 2111/20 2112/23 2118/23 2121/4 2122/12 2122/13 2122/15 2122/19 2124/14 2124/15 2128/25 2129/5 2129/15 2129/16 2130/4 scored [2] 1988/14 1993/7 scores [147] 1967/14 1968/1 1968/3 1970/21 1971/6 1972/3 1972/6 1973/22 1974/13 1974/21 1977/20 1977/23 1978/1 1978/2 1978/14 1978/24 1979/13 1979/16 1979/16 1979/17 1979/18 1980/15 1980/20 1985/7 1985/13 1985/17 1985/21 1990/20 1991/10 1991/12 1991/15 1992/2 1992/22 1993/2 1994/8 1994/17 1994/21 1995/12 1995/16 1995/21 1995/23 1996/5 1996/14 1998/2 1998/19 2000/4 2001/3 2001/5 2001/22 2003/22 2003/24 2004/2 2009/16 2009/20 2009/22 2009/24 2016/5 2016/9 2025/13 2035/6 2035/6 2044/4 2044/13 2044/22 2045/7 2046/22 2047/12 2047/17 2050/23 2050/24 2051/1 2051/2 2051/3 2051/17 2051/18 2051/21 2052/6 2052/6 2052/7 2052/7 2052/7 2052/8 2052/8 2052/9 2052/12 2052/15 2052/16 2052/17 2052/19 2053/11 2053/14 2053/21 2054/1 2054/25 2056/17 2056/18 2056/19 2057/8 2057/24 2058/14 2058/15 2060/16 2060/17 2060/24 2061/8 2062/5 2062/8 2062/9 2062/12 2062/12 2062/16 2062/17 2071/17 2071/18 2075/25 2076/3 2076/5 2086/1 2086/10 2086/20 2090/9 2090/12 2093/25 2094/10 2094/14 2096/8 2098/11 2100/2 2101/1 2102/18 2108/16 2108/20 2108/20 2108/23 2109/4 2109/5 2109/7 2111/3 2112/25 2121/7 2121/24 2122/21 2125/14 2129/2 2129/12 2130/2 2130/6 scoring [5] 1967/10 2050/19 2053/4 2111/7 2121/24 screen [2] 2045/23 2053/3 search [4] 2037/19 2043/7 2120/7 2120/18 seated [1] 1965/5 Seay [1] 2005/23 second [21] 1980/24 1981/10 2013/12 2022/24 2023/19 2035/4 2040/13 2042/21 2051/20 2094/6 2101/8 2101/16 2103/3 2105/24 2107/4 2107/5 2123/13 2124/2 2128/15 2132/3 2134/5 secondary [1] 2016/22 seconds [6] 2075/8 2075/22 2120/10 2120/11 2120/12 2120/13 section [7] 2009/1 2085/6 2105/4 2113/9 2113/14 2116/1 2116/14 security [8] 1968/7 1969/20 1969/24 1970/6 1970/8 1971/6 2005/6 2072/6 see [92] 1976/14 1979/24 1980/17 1984/2 1984/19 1986/12 1988/4 1988/6 1992/17 2001/7 2002/12 2002/24 2009/24 2010/11 2012/17 2019/7 2023/6 2024/18 2027/20 2028/17 2031/17 2031/18 2035/7 2036/1 2038/12 2040/1 2042/10 2045/19 2045/22 2047/9 2047/18 2048/9 2049/2 2049/21 2051/17 2052/9 2053/6 2054/7 2054/8 2058/19 2061/2 2063/10 2067/14 2067/19 2068/4 2068/15 2069/17 2075/1 2079/13 2081/11 2083/18 2084/1 2084/3 2088/4 2088/8 2089/1 2089/24 2094/18 2095/23 2097/22 2098/12 2101/15 2101/20 2102/12 2103/13 2103/14 2106/17 2107/2 2108/3

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shift [1] 2056/3 1975/19 1977/9 1978/1 1978/4 1978/16 phie/ht/195347 Filed 02/09/16 Pa<mark>ple78/98/97/201981/8/19472/17</mark>882 see... 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2130/20 2133/10 2134/8 2134/10 skills [63] 2013/3 2022/2 2023/19 2030/21 2049/19 2052/1 2059/6 2059/10 2065/8 2134/21 2135/3 2135/6 2031/1 2031/2 2031/15 2031/20 2031/22 2108/9 shouldn't [3] 2087/4 2093/7 2095/24 2032/14 2033/4 2034/13 2034/19 2035/4 select [1] 1967/13 show [21] 1969/8 1974/9 1983/9 1986/14 2035/14 2039/11 2039/18 2040/8 2040/13 selected [1] 1967/17 1991/7 1994/16 2022/17 2039/20 2044/13 2040/15 2041/12 2041/22 2047/1 2053/24 selection [1] 2071/6 2046/24 2047/24 2048/12 2050/22 2051/8 2054/16 2054/23 2055/13 2055/17 2057/9 self [9] 2016/11 2067/13 2067/14 2067/16 2062/2 2066/9 2089/15 2092/16 2105/22 2058/7 2058/11 2064/23 2065/5 2065/17 2068/3 2068/5 2068/8 2094/21 2094/22 2065/18 2073/1 2073/3 2074/25 2076/6 2121/3 2123/9 self-care [3] 2067/13 2067/14 2067/16 showed [11] 1982/10 2000/22 2032/25 2076/25 2077/7 2079/2 2083/12 2083/14 self-directed [1] 2068/8 2057/8 2058/17 2063/15 2064/25 2065/4 2083/17 2084/9 2088/24 2091/15 2091/16 self-direction [2] 2068/3 2068/5 2076/2 2076/20 2077/10 2092/10 2092/11 2092/16 2094/19 2095/2 seminar [1] 2014/5 2095/2 2095/3 2095/5 2097/23 2097/23 showing [11] 1981/6 1983/25 1999/21 send [2] 2070/14 2070/16 1999/24 2006/24 2011/23 2045/7 2047/22 2098/18 2109/8 2114/10 2125/11 sends [1] 2008/23 2052/5 2062/12 2118/24 SLI [1] 2084/4 sense [13] 1970/11 1981/24 1982/3 1983/4 shown [5] 1986/15 2002/5 2077/8 2079/15 slice [1] 1999/25 1983/4 2023/10 2062/19 2064/2 2070/13 2100/18 slicing [1] 2000/1 2079/10 2095/2 2114/21 2122/21 shows [16] 1986/13 1995/11 2002/1 2009/12 slight [3] 1991/11 2110/12 2118/21 sensible [1] 2037/4 2016/7 2018/1 2046/15 2047/3 2052/11 slightly [2] 1989/5 2001/21 sent [6] 2006/2 2009/4 2071/10 2130/22 2060/22 2075/10 2079/17 2089/25 2090/2 slow [1] 2120/8 2131/10 2132/3 2090/6 2095/13 slower [5] 2022/8 2022/9 2059/11 2107/7 sentence [17] 1973/19 2013/11 2013/12 side [6] 1997/14 2002/17 2036/11 2043/1 2107/8 2013/18 2013/19 2013/22 2075/21 2100/16 2052/14 2115/7 slowing [1] 1990/18 2105/14 2106/19 2107/5 2121/22 2122/4 sides [3] 1997/22 1999/18 2002/24 small [3] 1987/17 1990/11 2049/12 2122/6 2122/10 2122/11 2124/2 sign [1] 1968/23 smaller [2] 2106/10 2106/20 significance [11] 2035/12 2039/3 2040/5 sentences [2] 2054/17 2075/22 so [154] 1968/11 1972/18 1973/2 1973/6 sentencing [3] 2004/8 2004/9 2128/10 2048/19 2053/6 2053/22 2055/4 2056/19 1973/15 1973/18 1974/17 1975/8 1977/9 separate [1] 2023/14 2058/15 2060/17 2062/9 1978/2 1978/13 1979/7 1980/8 1981/16 separately [1] 2043/23 significant [20] 1980/9 2018/2 2019/8 1986/23 1987/24 1989/22 1992/13 1994/10 separates [1] 1989/10 1995/1 1996/2 1998/9 1999/8 2000/6 2001/12 2020/20 2020/24 2023/16 2051/16 2065/4 sequence [2] 2036/9 2038/13 2065/18 2067/8 2087/11 2087/24 2091/14 2004/13 2006/11 2008/2 2009/19 2010/13 sequencing [1] 2053/20 2092/9 2092/15 2095/10 2098/24 2110/13 2011/4 2011/4 2011/10 2014/3 2016/15 series [7] 2017/1 2017/9 2038/14 2056/23 2018/7 2019/1 2019/10 2020/13 2021/2 2110/18 2110/21 2059/7 2060/19 2125/3 significantly [6] 2016/9 2018/17 2021/21 2023/19 2024/18 2029/22 2034/4 2035/18 serious [1] 2079/10 2022/5 2085/13 2085/21 2036/19 2038/18 2038/22 2038/22 2039/18 serves [1] 2072/25 2041/12 2041/17 2041/23 2042/2 2042/8 signs [1] 2022/1 services [1] 2072/1 silence [1] 2008/6 2043/25 2044/5 2044/9 2044/24 2045/7 set [10] 1988/20 1998/13 2001/25 2002/1 Silver [1] 2027/11 2046/23 2047/5 2047/7 2049/15 2050/10 2003/2 2037/15 2054/10 2127/2 2128/9 similar [12] 2046/22 2048/10 2049/4 2050/5 2050/12 2050/13 2051/21 2052/20 2054/19 2128/20 2068/22 2076/16 2087/20 2099/7 2103/13 2057/2 2058/10 2059/20 2060/12 2060/13 sets [2] 1984/18 2108/2 2130/4 2131/17 2131/17 2060/25 2063/9 2065/10 2065/12 2065/17 setting [4] 2009/25 2009/25 2014/12 2074/21 2067/25 2068/8 2068/15 2069/13 2070/1 similarities [1] 2103/16 settings [3] 2009/11 2093/13 2101/11 similarity [1] 2104/4 2071/3 2072/7 2074/6 2074/22 2075/11 settling [1] 2043/12 similarly [3] 2079/4 2110/17 2110/25 2076/5 2076/21 2077/10 2077/11 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source [4] 1971/8 1985/15 1985/17 2011/25 1989/14 1990/24 2090/7 2090/20 2091/17 Frient [153285/Filed 02/09/16 Pape 1991/991/9912093Pape 103#: 17883 1:04-cr-01016-NGG social-adaptive [1] 2065/11 span [1] 2054/15 statements [3] 1982/20 2068/6 2081/21 social-interpersonal [4] 2065/5 2065/17 spatial [2] 1984/15 2107/24 STATES [9] 1963/1 1963/2 1963/4 1963/10 2066/11 2066/14 speak [2] 2041/14 2041/16 1963/14 1963/15 1965/11 1995/4 1995/5 speaking [2] 1977/3 1988/6 socially [1] 2065/22 statistical [3] 2042/4 2042/10 2052/16 socioemotional [1] 2091/2 speaks [2] 2086/4 2117/4 status [2] 1968/21 1972/18 solely [5] 2062/15 2090/17 2090/24 2099/17 special [3] 1964/7 1976/12 1986/11 stay [2] 1975/15 2009/5 2117/7 specialization [1] 2028/6 stayed [2] 2121/2 2121/4 solid [2] 1981/6 2079/16 specialize [1] 2027/18 stenography [1] 1964/15 solidify [2] 1973/17 2002/14 steps [2] 2055/22 2055/24 specialized [3] 2031/25 2070/7 2070/13 solidly [2] 1972/17 2058/1 specific [18] 1982/1 1987/13 2010/18 STERN [6] 1963/19 1963/21 1965/14 SOLOWAY [1] 1963/19 2010/19 2030/10 2031/5 2031/6 2031/6 2131/10 2132/22 2135/13 solution [1] 1990/8 Sternberg [3] 2000/9 2099/14 2099/15 2033/1 2052/22 2064/5 2070/14 2071/19 solve [1] 2096/14 2079/18 2080/4 2083/20 2084/3 2107/17 Steven [1] 1995/5 solving [8] 1984/15 2053/19 2053/24 specifically [17] 1976/13 1984/12 1985/21 still [31] 1965/19 1975/17 1980/14 1982/16 2055/19 2055/23 2097/2 2097/8 2107/24 1998/7 2029/24 2031/24 2032/2 2032/24 1984/20 2020/6 2021/14 2021/21 2021/21 some [106] 1967/20 1968/3 1969/16 1970/9 2033/6 2033/19 2034/12 2044/1 2045/16 2021/24 2033/23 2038/10 2050/12 2060/10 1978/3 1978/3 1978/17 1980/5 1980/5 2047/19 2057/2 2103/9 2123/20 2060/13 2075/10 2076/21 2077/20 2087/3 1980/21 1987/17 1990/11 1992/3 1992/9 specify [1] 2087/7 2103/21 2106/11 2106/22 2107/10 2108/5 1992/10 1992/14 1992/14 1994/6 1994/8 SPECT [1] 2080/7 2110/8 2110/8 2110/25 2118/8 2120/13 spectrum [1] 2086/7 1994/11 1995/18 1998/10 2001/11 2001/12 2125/13 2126/6 2003/6 2017/16 2019/5 2021/15 2023/22 speech [4] 2033/10 2083/9 2083/10 2084/16 stimuli [4] 1984/16 2049/11 2107/25 2120/21 2024/7 2026/22 2032/14 2033/3 2033/5 speech-language [2] 2083/9 2084/16 stood [1] 2033/12 2033/10 2033/11 2033/22 2034/5 2035/21 speed [17] 1992/11 2037/14 2037/17 2037/24 stop [2] 2050/10 2050/11 2036/16 2037/11 2038/1 2038/10 2038/14 2043/7 2043/8 2044/15 2044/17 2047/19 stopped [1] 2050/9 2039/19 2040/3 2040/14 2041/11 2041/19 2075/7 2092/19 2094/24 2097/5 2120/7 storage [1] 2054/13 2042/7 2042/19 2043/13 2044/3 2049/15 2120/18 2121/3 2121/4 storm [2] 2057/18 2057/18 2050/1 2050/1 2051/2 2052/9 2056/6 2058/5 speed-wise [1] 2121/3 story [1] 2037/4 2058/12 2059/19 2062/6 2062/13 2064/8 speeded [1] 1992/5 straight [1] 2007/17 speeding [1] 1990/9 2068/24 2070/18 2075/3 2077/4 2077/8 strategies [1] 2107/21 2079/1 2079/6 2079/18 2079/20 2084/9 spell [1] 2026/17 stray [1] 2100/20 2084/10 2085/11 2085/22 2088/20 2088/25 spelling [3] 2030/11 2061/5 2075/13 Street [3] 1963/20 1963/23 1964/2 2089/11 2089/13 2091/16 2092/11 2097/17 spend [2] 1993/9 2007/12 strength [11] 2039/20 2040/11 2047/22 2098/7 2098/20 2099/3 2099/24 2100/17 spent [7] 2005/18 2007/14 2007/16 2007/18 2050/15 2089/25 2090/2 2090/5 2090/5 2100/22 2101/10 2101/20 2109/10 2111/10 2008/2 2015/7 2015/10 2090/9 2090/9 2097/16 2114/14 2119/2 2121/6 2125/15 2129/12 spinal [2] 2081/10 2081/12 strengths [18] 2030/22 2031/3 2031/4 2031/4 2129/13 2130/3 2131/13 2131/16 2133/19 2031/17 2040/12 2088/24 2088/25 2089/8 spirit [1] 2126/3 2134/9 spoken [7] 2031/13 2039/25 2058/8 2084/5 2089/12 2089/13 2090/11 2091/15 2092/7 somebody [10] 1993/15 1994/20 2009/19 2084/6 2132/17 2132/18 2092/10 2096/13 2096/23 2115/14 sports [3] 2031/20 2066/1 2068/14 2012/1 2016/10 2016/13 2018/21 2025/7 stressed [1] 2075/7 2067/2 2088/1 spread [3] 2000/4 2001/3 2095/20 strict [1] 1999/4 someone [24] 2034/17 2040/10 2050/13 strikes [1] 2125/6 spreadsheet [1] 2045/18 Spring [1] 2027/11 2060/20 2064/4 2076/15 2077/1 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talk [8] 1970/23 1976/3 1985/11 1996/18 test/retest [3] 1982/11 1982/20 1982/22 1202016 2086824 21F9/12/2133/209/16 ase 1:04-cr-01016-NGG Description of the property of the prope Patret 200 b 205 4 205 4 210 7 8 8 4 talked [10] 1966/13 1981/3 1985/11 2031/7 2107/22 2125/8 substantial [2] 2099/25 2100/12 2039/8 2043/19 2055/2 2072/4 2086/6 testified [14] 1965/4 1993/19 1993/25 substantially [1] 1973/1 2099/16 1994/23 1995/9 1995/10 2004/8 2004/9 substantiates [1] 1989/13 talking [23] 1967/25 1968/5 1969/9 1982/13 2008/19 2009/15 2015/20 2017/14 2026/16 substituted [1] 2128/2 1982/14 1982/18 1982/22 1999/11 2008/11 2073/14 subtest [15] 2036/13 2036/19 2037/2 2037/7 2016/19 2022/16 2022/20 2022/21 2022/22 testify [3] 1986/22 2004/17 2005/17 2037/9 2037/14 2038/3 2039/7 2049/8 2023/4 2023/5 2051/21 2094/19 2103/1 testimonial [1] 2127/14 2049/10 2049/23 2050/3 2050/6 2103/14 2103/3 2105/4 2106/6 2107/14 testimony [16] 1971/9 1986/23 1993/9 1993/11 1993/14 1994/15 2015/18 2017/12 2110/22 tap 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2050/19 2051/7 2054/12 2056/14 1980/15 1981/1 1981/12 1981/20 1982/7 2025/24 2026/3 2047/18 2056/17 2059/14 2057/10 2057/13 2058/2 2059/2 2059/15 1982/11 1982/11 1982/13 1983/8 1983/9 2060/1 2095/14 2103/8 2105/2 2116/1 2060/2 2090/18 2090/24 2097/4 2097/11 1986/13 1986/15 1987/25 1990/22 1990/23 2119/24 2122/13 2122/19 2124/23 2129/24 2097/17 2099/5 2099/7 2099/8 2101/9 1994/9 1994/9 1994/22 1997/6 1999/7 2134/8 2101/19 2101/25 2102/23 2103/2 2104/2 1999/10 2000/11 2000/17 2001/23 2001/25 taken [2] 2007/21 2038/1 2107/19 2108/6 2108/8 2109/4 2111/5 2111/6 2002/8 2002/12 2002/15 2003/14 2004/24 takes [3] 1965/2 2026/13 2099/6 2009/13 2009/17 2010/4 2011/12 2011/25 2112/17 2115/16 2120/12 2120/13 2121/12

2121/19 2123/7 2123/22 2129/18 2129/19

2129/21 2130/8 2130/9 2135/23

2012/4 2013/23 2014/13 2015/14 2016/24

2018/11 2019/6 2019/11 2019/12 2020/8

taking [5] 1999/13 2044/22 2046/14 2047/2

2114/7

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that's... [76] 2024/24 2025/12 2025/15
2025/17 2025/19 2027/21 2032/25 2034/11
2035/3 2035/23 2036/24 2038/4 2038/22
2042/1 2042/12 2043/17 2045/25 2048/7
2048/22 2049/3 2051/6 2052/4 2052/25
2055/10 2055/24 2057/6 2057/12 2061/1
2061/9 2067/23 2069/10 2070/1 2072/12
2072/13 2075/9 2077/21 2078/3 2079/15
2082/6 2083/18 2087/9 2087/10 2089/1
2089/19 2091/3 2093/13 2094/16 2095/9
2095/15 2097/16 2098/9 2108/9 2108/12
2109/16 2111/5 2111/19 2111/20 2112/12
2114/2 2115/1 2117/9 2117/10 2120/8
2120/14 2120/19 2120/21 2120/23 2122/22
2124/10 2125/17 2126/2 2131/2 2132/9
2132/17 2133/10 2135/5
the -- although [1] 2082/2
the -- he [1] 2068/21
the -- your [1] 2093/15
theater [1] 2036/1
their [37] 1976/15 1990/24 1994/21 2001/24
2001/25 2001/25 2002/1 2002/4 2002/9
2005/21 2011/7 2013/5 2016/22 2025/11
2041/22 2067/1 2067/22 2071/3 2076/13
2083/25 2086/22 2086/23 2089/12 2091/25
2092/22 2093/11 2096/14 2097/16 2097/18
2098/25 2099/1 2120/8 2125/10 2125/11
2130/15 2130/23 2130/24
them [43] 1967/24 1979/19 1979/20 1989/10
1994/1 1997/11 1997/13 2000/5 2006/17
2011/7 2011/10 2011/19 2012/17 2013/6
2023/24 2026/25 2029/1 2038/8 2038/13
2041/15 2042/6 2043/21 2043/22 2045/8
2046/1 2056/7 2057/19 2058/21 2058/24
2059/7 2075/8 2096/15 2115/5 2115/15
2125/9 2127/18 2130/23 2130/24 2133/1
2133/2 2134/11 2134/12 2135/20
themes [1] 2009/14
then [67] 1966/25 1970/23 1972/23 1972/24
1974/11 1975/8 1976/8 1979/5 1979/16
1988/1 1989/8 2001/15 2004/11 2004/15
2007/17 2010/24 2011/5 2011/8 2011/18
2012/13 2015/20 2016/5 2023/8 2023/13
2024/11 2024/21 2032/15 2034/14 2037/16
2038/11 2038/16 2042/3 2043/1 2047/10
2048/10 2049/1 2054/25 2055/21 2056/3
2058/6 2060/14 2066/24 2077/4 2077/4
2089/21 2090/3 2095/3 2099/2 2101/15
2103/11 2105/21 2106/2 2107/4 2109/13
2111/11 2113/2 2113/20 2116/19 2120/25
2121/16 2124/1 2127/1 2129/1 2129/8
2132/10 2133/3 2134/5
theoretically [2] 2034/10 2034/15
there [215]
there's [47] 1970/9 1981/6 1983/9 1983/20
1987/25 1991/22 1994/2 1994/6 1994/7
1995/17 1996/6 1999/21 1999/23 2001/4
2009/21 2030/6 2035/9 2036/22 2037/4
2038/19 2042/7 2048/15 2050/12 2051/5
2052/13 2060/13 2081/20 2085/1 2088/12
2088/23 2090/4 2090/5 2098/3 2098/4
2098/10 2099/5 2099/10 2100/18 2110/15
2110/25 2118/1 2118/7 2121/12 2124/2
2133/7 2134/14 2135/15
therefore [5] 1972/1 1980/4 2021/4 2121/22
2124/22
these [98] 1967/14 1976/13 1979/13 1984/10
1999/21 2003/1 2017/24 2020/9 2025/4
2031/4 2031/12 2033/12 2033/25 2036/16
2037/25 2039/9 2040/22 2041/4 2041/19
2041/24 2042/5 2042/6 2043/10 2043/18
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2043/21 2043/22 2044/12 2044/16 2045/7

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r2047/1212943/17 2051/4/7 2051/092/052/11Pa
2052/12 2052/15 2052/17 2053/9 2053/19
2054/6 2054/23 2055/17 2056/13 2056/19
2057/14 2057/24 2058/15 2058/18 2058/19
2059/8 2059/15 2059/19 2061/7 2062/5
2062/8 2062/9 2062/12 2062/17 2064/6
2064/7 2066/20 2066/25 2075/23 2076/5
2079/7 2079/17 2084/11 2086/16 2097/16
2108/25 2109/5 2111/13 2111/22 2111/25
2111/25 2115/4 2115/13 2115/21 2118/12
2118/13 2120/4 2120/17 2120/19 2122/20
2124/13 2124/21 2125/13 2130/11 2130/14
2130/16 2134/7 2134/8 2135/15
they [135] 1969/21 1970/10 1972/4 1972/18
1974/11 1974/11 1975/9 1976/11 1976/13
1976/14 1976/14 1978/13 1978/15 1978/16
1984/14 1984/16 1988/1 1990/12 1993/18
1994/17 1994/21 1996/21 1998/7 1998/8
1998/10 1998/20 2000/5 2000/22 2001/20
2002/11 2003/17 2004/7 2005/22 2009/7
2011/7 2013/3 2013/4 2013/7 2013/13 2016/1
2018/22 2018/24 2021/4 2021/4 2023/23
2024/16 2031/20 2032/17 2035/6 2036/14
2039/11 2039/18 2041/16 2041/20 2041/21
2042/2 2042/7 2042/14 2042/17 2043/6
2043/15 2043/23 2044/12 2044/21 2045/4
2045/13 2046/23 2047/13 2050/15 2051/19
2054/17 2057/15 2057/25 2059/8 2059/19
2064/4 2065/7 2065/8 2067/16 2070/16
2071/6 2071/7 2071/10 2079/4 2079/8 2079/9
2079/11 2079/18 2082/9 2083/15 2083/15
2084/7 2084/12 2085/20 2085/21 2089/10
2089/15 2093/8 2093/8 2093/10 2093/12
2093/13 2094/24 2094/24 2096/13 2097/8
2097/9 2097/9 2097/11 2097/18 2097/18
2099/1 2099/17 2099/18 2101/13 2101/13
2101/15 2104/3 2107/16 2107/17 2107/20
2107/23 2107/25 2109/9 2110/23 2111/13
2111/14 2111/14 2115/12 2125/10 2125/10
2130/16 2132/7 2134/10 2134/21
they'll [1] 2130/24
they're [37] 1979/7 1989/4 1990/22 2001/6
2008/24 2010/21 2023/14 2024/1 2031/4
2041/15 2046/21 2052/13 2052/18 2055/3
2062/18 2062/18 2079/10 2084/12 2086/10
2086/12 2093/12 2095/1 2097/14 2102/8
2108/20 2110/8 2110/8 2110/13 2110/20
2120/8 2120/20 2124/22 2125/7 2125/8
2132/6 2132/7 2132/8
they've [3] 1986/15 2025/10 2130/23
thing [16] 1970/16 1981/17 2005/3 2006/2
2046/20 2047/11 2055/2 2064/3 2069/16
2078/23 2084/12 2085/22 2101/18 2103/3
2108/12 2124/1
things [26] 1973/17 1977/3 1986/1 1986/2
1986/2 1988/14 1992/14 1998/7 2008/8
2008/12 2033/23 2033/24 2056/6 2056/10
2069/24 2072/15 2077/5 2084/11 2089/11
2091/1 2103/1 2104/3 2115/4 2125/2 2125/11
2131/13
think [96] 1967/12 1968/25 1969/16 1970/24
1973/2 1974/16 1974/18 1975/17 1976/11
1977/7 1977/15 1979/4 1979/5 1979/6
1979/20 1979/23 1981/21 1982/6 1982/7
1982/9 1983/11 1983/24 1987/3 1991/4
1991/20 1991/22 1992/7 1995/17 1996/9
1999/19 2000/8 2001/7 2001/14 2004/19
2006/3 2008/2 2011/13 2012/16 2013/17
2013/19 2013/20 2013/20 2013/23 2014/19
2018/5 2018/8 2019/10 2019/11 2019/14
2019/17 2020/8 2020/12 2020/23 2022/4
2022/6 2022/11 2022/17 2023/1 2023/8
2023/9 2023/14 2024/13 2024/24 2025/12
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2045/15 2045/19 2045/20 2046/22 2047/11

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2090/8 2092/13 2093/3 2098/9 2099/13
2104/1 2113/6 2120/16 2121/15 2126/11
2134/9 2134/14 2134/16 2134/17 2135/24
2135/24 2136/14
thinking [9] 1975/6 2020/7 2023/2 2033/23
2033/24 2053/20 2099/6 2112/14 2128/5
thinks [1] 2098/15
third [4] 1970/5 2106/25 2116/7 2128/18
this [243]
thorough [1] 2127/12
those [78] 1970/11 1970/13 1977/23 1979/15
1985/9 1988/4 1991/13 1994/8 2002/8
2002/10 2009/5 2009/9 2010/11 2016/5
2016/9 2016/15 2017/10 2017/11 2017/15
2020/6 2020/10 2021/11 2023/21 2029/6
2029/12 2029/15 2029/20 2031/20 2032/12
2035/5 2036/2 2036/10 2036/11 2037/10
2037/11 2037/21 2039/13 2039/16 2039/18
2039/24 2040/15 2044/20 2044/22 2050/13
2051/1 2052/9 2052/19 2053/12 2053/20
2054/11 2060/17 2063/10 2063/15 2064/11
2064/24 2065/7 2065/13 2067/5 2069/7
2080/21 2080/25 2088/9 2095/21 2096/9
2097/14 2103/17 2110/1 2110/5 2110/22
2114/23 2114/25 2116/24 2119/3 2121/5
2122/8 2128/19 2133/1 2133/2
though [5] 1995/21 2087/9 2096/3 2105/22
2128/1
thought [9] 1982/15 1982/18 1997/21 2000/1
2007/4 2021/3 2022/22 2045/18 2126/3
thoughts [4] 2031/14 2039/15 2058/9 2099/2
thousands [1] 2091/6
three [25] 1970/20 1972/6 1972/19 1972/22
1972/24 1973/16 1973/23 1978/16 1978/24
1982/23 1984/9 2009/6 2017/1 2038/5
2038/15 2038/15 2050/10 2053/6 2054/16
2061/4 2063/20 2069/1 2109/25 2118/19
2118/24
three weeks [1] 1982/23
three-by-three [1] 2038/15
thrives [2] 1984/15 2107/24
through [16] 1970/23 1986/19 1993/20
1995/2 2007/17 2011/6 2015/9 2016/25
2017/5 2018/4 2053/17 2054/9 2071/21
2094/3 2107/14 2111/9
throughout [6] 2008/5 2018/11 2022/3
2029/15 2044/2 2130/18
Thursday [1] 2007/16
thus [5] 1973/19 1997/1 2092/1 2092/8
2124/3
tied [2] 2022/4 2031/7
till [1] 2007/17
time [90] 1972/4 1972/12 1972/15 1973/3
1974/24 1975/6 1975/18 1975/19 1976/22
1976/23 1979/2 1979/2 1980/3 1981/1
1982/23 1990/13 1992/2 1997/1 1999/25
2007/12 2007/14 2007/23 2007/25 2008/2
2008/9 2008/10 2008/21 2009/10 2010/24
2011/2 2011/5 2011/7 2011/9 2011/12
2011/14 2011/20 2012/11 2015/10 2015/11
2020/18 2020/18 2021/16 2028/22 2028/22
2028/23 2028/23 2029/17 2041/13 2041/19
2043/4 2044/2 2048/1 2048/23 2049/6
2049/25 2056/6 2056/10 2057/21 2060/23
2073/14 2074/9 2074/12 2074/17 2075/1
2076/23 2077/4 2077/17 2077/21 2080/3
2080/9 2080/25 2084/13 2090/2 2101/12
2103/9 2105/9 2106/2 2106/5 2112/16
2117/17 2120/4 2120/8 2120/10 2124/15
2128/2 2128/17 2131/9 2131/16 2132/22
2133/21
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2030/16 2033/4 2033/5 2040/3 2040/20

r-01016-NGG timed [1] 2047/19 times [13] 1981/5 1983/5 1983/18 2048/25 2066/5 2066/7 2066/16 2066/18 2073/10 2079/3 2101/5 2102/25 2103/4 to -- what [1] 1978/20 today [7] 1965/6 1977/5 1977/6 1978/11 1981/16 2133/15 2136/9 toddler [1] 1972/1 together [18] 2007/19 2008/13 2038/9 2041/24 2042/5 2042/7 2042/11 2045/13 2045/15 2047/25 2051/10 2051/13 2051/14 2051/24 2052/1 2062/5 2062/10 2079/4 told [5] 1980/13 1997/21 2002/23 2020/3 2092/24 TONI [1] 2099/6 too [12] 1978/7 1991/3 1991/4 1992/5 2024/24 2025/24 2031/4 2041/15 2045/18 2079/1 2091/8 2115/19 took [7] 1992/22 2016/25 2017/5 2044/24 2073/23 2080/1 2093/4 tool [4] 2080/10 2080/11 2080/12 2115/17 top [5] 1989/24 2000/7 2048/5 2086/8 2086/9 topic [6] 1966/1 1985/1 2019/2 2029/7 2029/9 2029/10 topics [1] 2008/11 Torrance [1] 2128/10 total [17] 1970/20 1972/3 1972/6 1973/22 1974/13 1978/14 1978/24 2007/14 2008/2 Tzou [4] 2000/2 2000/17 2000/19 2001/21 2008/14 2021/23 2058/2 2060/18 2060/18 Tzu [1] 2000/19 2118/1 2118/13 2118/14 totally [3] 2020/10 2049/24 2051/15 totals [1] 2124/14 touch [2] 2034/5 2050/17 touched [1] 2030/17 tough [2] 2074/21 2089/19 toward [4] 2064/3 2064/7 2065/12 2098/16 towards [1] 2056/2 tower [2] 2059/1 2097/3 TOWRE [1] 2097/4 TR [3] 2064/15 2128/20 2129/5 track [1] 2101/11 tracked [1] 2046/21 trail [1] 2120/18 training [3] 2013/8 2013/15 2028/12 transcript [2] 1963/9 2082/23 transcription [2] 1964/15 1964/15 transcripts [1] 1993/21 traumatic [2] 2018/17 2028/12 treat [1] 2087/14 treatment [2] 2032/11 2087/15 tremendous [3] 2013/3 2016/8 2131/2 trends [1] 1999/21 trials [1] 2060/19 tricky [1] 2066/13 tried [2] 2045/1 2077/3 triennial [1] 1976/11 trouble [8] 2057/10 2057/16 2057/20 2066/15 2078/21 2078/21 2099/1 2123/9 troubles [2] 2001/18 2001/20 truck [1] 2068/21 true [9] 1988/25 1993/25 2070/1 2092/14 2094/9 2102/21 2109/11 2114/2 2121/23 trump [1] 2010/2 trumps [2] 2009/15 2009/21 try [5] 1976/14 2007/6 2087/5 2107/7 2130/25 trying [18] 1968/25 1976/13 1976/21 1977/4 1977/21 1978/20 1984/20 1991/23 1995/11 1995/20 2005/19 2010/21 2041/9 2093/3 2093/14 2114/6 2117/9 2125/9 Tsu [1] 2000/2 turn [6] 2041/9 2041/19 2074/2 2093/15

2099/11 2117/22 tment [2]52043/1(F2)(22)/102/09/16 turning [3] 2060/16 2075/12 2085/4 twist [1] 2038/8 two [56] 1970/4 1977/23 1979/5 1980/1 1980/24 1982/22 1989/8 2007/18 2007/19 2008/12 2024/10 2035/20 2036/5 2037/13 2037/20 2037/21 2038/3 2038/14 2038/14 2039/21 2040/7 2042/16 2042/17 2043/1 2043/12 2044/3 2045/21 2048/5 2048/7 2048/15 2053/18 2054/1 2057/6 2059/21 2061/5 2063/23 2064/16 2065/7 2074/16 2081/21 2086/9 2093/13 2094/10 2095/5 2096/8 2100/25 2103/1 2103/9 2106/10 2106/20 2120/1 2121/24 2122/20 2124/14 2127/6 2129/4 two feet [1] 2024/10 two years [1] 1980/24 two-by-two [1] 2038/14 type [14] 1972/18 1976/7 1980/3 2007/7 2009/2 2016/3 2033/20 2052/6 2054/14 2059/16 2076/3 2078/12 2083/22 2107/20 types [4] 2031/20 2039/21 2077/1 2077/18 typical [6] 2008/24 2066/2 2072/10 2075/15 2091/23 2091/24 typically [15] 1981/9 1982/12 1982/22 1986/10 1987/15 2009/5 2031/12 2035/22 2044/8 2088/3 2092/1 2092/7 2094/8 2096/1 2121/23

U.S.C. [1] 2009/1 U.S.C. Section 40 [1] 2009/1 ULERIO [1] 1964/9 ultimate [1] 2040/6 ultimately [1] 2127/21 under [8] 1965/20 2028/10 2064/16 2074/7 2105/13 2116/3 2117/23 2123/14 underestimate [1] 1991/23 underlying [3] 2087/2 2087/2 2128/6 underneath [1] 2038/6 understand [21] 1969/1 1972/9 1978/20 1996/9 2010/17 2041/4 2041/15 2043/23 2053/11 2070/6 2073/21 2084/23 2087/17 2087/18 2092/13 2102/17 2108/4 2108/4 2119/6 2128/1 2131/11 understandable [1] 2057/3 understanding [16] 2004/2 2007/6 2011/1 2031/13 2033/12 2039/14 2040/20 2055/6 2062/19 2094/21 2099/1 2102/7 2105/8 2105/18 2135/7 2135/7 understands [2] 2130/9 2130/10 undertake [1] 2128/7 unexpected [1] 2030/14 unfamiliar [1] 2102/4 unfortunate [1] 2047/4 unfortunately [2] 2083/24 2087/15 uniformly [1] 1993/20 UNITED [9] 1963/1 1963/2 1963/4 1963/10 1963/14 1963/15 1965/11 1995/4 1995/5 United States [3] 1965/11 1995/4 1995/5 University [2] 2028/7 2052/24 unless [2] 2085/25 2124/23 unsettled [1] 1997/16 until [5] 1994/5 2013/6 2103/14 2108/17 2119/21 unwanted [1] 2105/16 up [57] 1967/15 1969/4 1973/18 1974/8 1975/24 1982/15 1984/9 1984/9 1987/18 1988/20 1989/16 1992/11 1993/2 1999/24 2000/4 2002/13 2007/21 2019/11 2020/18 2021/16 2022/12 2041/5 2041/23 2045/12

2045/22 2045/23 2048/10 2053/3 2059/15 Pac2652/0722069/2202964/21c267022#207278986 2073/10 2083/24 2089/25 2090/2 2095/8 2100/18 2101/14 2101/14 2107/11 2109/20 2110/22 2110/22 2111/12 2120/4 2121/7 2124/15 2125/4 2125/12 2134/6 2134/11 2134/11 2135/19 2135/23 updated [2] 2116/16 2136/9 upon [13] 2020/20 2050/17 2052/15 2073/24 2074/17 2079/15 2083/13 2084/19 2094/4 2096/21 2099/14 2101/22 2114/25 us [12] 1968/2 1973/6 1978/10 1979/3 1983/21 2032/5 2047/3 2055/13 2055/18 2099/17 2133/3 2133/19 use [39] 1966/18 1969/21 1969/24 1977/10 1977/12 1977/15 1996/20 1996/21 1996/23 1997/2 1997/7 1999/3 1999/6 2003/6 2003/8 2006/17 2012/11 2016/3 2021/23 2025/7 2031/25 2037/5 2056/1 2063/18 2066/24 2067/20 2067/22 2080/4 2080/9 2080/11 2080/13 2085/20 2095/22 2098/10 2099/11 2114/6 2114/8 2114/21 2115/5 used [19] 1966/15 1972/4 2018/11 2034/2 2035/16 2036/2 2041/6 2052/4 2068/19 2073/5 2073/6 2073/6 2077/14 2080/12 2084/2 2100/2 2100/14 2104/5 2127/25 useful [2] 1975/14 2115/16 using [15] 1991/19 1999/5 1999/8 1999/9 2006/4 2010/21 2025/3 2042/8 2045/18 2053/20 2105/15 2109/19 2115/14 2116/15 2127/25 Usually [1] 2009/1 utility [2] 1997/3 2001/11

VA [1] 2028/9 vaguely [1] 2003/15 valid [32] 1970/21 1972/7 1972/11 1972/14 1973/22 1974/14 1974/22 1975/4 1975/9 1975/11 1975/13 1975/18 1975/22 1976/2 1976/5 1976/8 1976/18 1976/19 1977/10 1977/12 1977/15 1977/17 1978/15 1978/17 1978/25 1979/1 1979/8 1979/18 1980/14 2012/6 2100/25 2112/16 validated [1] 1987/3 validity [3] 1997/4 1999/13 2016/14 value [2] 2025/17 2109/19 values [1] 2109/19 Vance [2] 1986/9 1987/12 variability [7] 1973/9 1985/15 1985/17 1985/21 2001/10 2086/16 2086/20 variable [6] 2106/11 2106/22 2117/5 2124/24 2125/1 2125/16 variables [1] 2124/18 variation [2] 2002/5 2117/6 variations [1] 2013/3 varied [1] 2000/25 variety [2] 1988/11 2018/12 various [6] 1985/7 1988/14 2007/7 2010/17 2012/10 2111/25 vary [2] 1996/15 2101/22 varying [1] 2129/11 vast [1] 2050/25 Vaughn [1] 2003/11 venire [8] 2130/20 2131/23 2131/23 2131/25 2132/5 2133/7 2133/9 2133/9 verbal [91] 1988/23 1991/1 1992/7 1992/10 1992/23 2035/11 2035/14 2035/15 2035/16 2036/2 2036/3 2036/11 2036/16 2038/2 2038/20 2038/23 2039/4 2039/7 2039/10 2039/16 2039/22 2040/13 2040/23 2041/5 2041/12 2041/12 2041/23 2041/25 2042/14 2042/16 2042/17 2042/17 2042/18 2043/9 2044/2 2045/24 2046/18 2046/19 2046/24

verbal... [52] 2047/1 2048/7 2048/8 2048/9 2048/9 2048/18 2054/4 2054/11 2054/12 2054/13 2054/22 2092/17 2094/14 2094/19 2095/2 2095/11 2095/24 2096/19 2097/1 2097/7 2097/10 2097/12 2097/22 2098/6 2098/7 2098/22 2098/22 2099/2 2100/1 2100/13 2100/25 2108/22 2109/8 2109/17 2113/5 2113/25 2114/15 2114/15 2115/23 2118/18 2118/19 2118/20 2118/23 2118/25 2119/4 2119/8 2119/21 2119/22 2121/12 2121/17 2122/14 2130/13 verbally [3] 2018/2 2038/7 2067/12 verified [1] 1989/19 VERONICA [1] 1964/8 version [4] 1969/25 1985/22 2038/1 2038/18 versions [2] 1985/14 2036/15 versus [6] 1963/4 1966/2 1995/4 2015/24 2087/23 2121/17 very [75] 1967/25 1968/3 1973/15 1976/16 1999/7 2005/19 2009/23 2009/23 2010/1 2012/4 2018/13 2021/9 2021/25 2024/3 2030/24 2031/3 2031/18 2031/20 2032/13 2033/8 2033/13 2034/18 2038/20 2039/5 2039/21 2041/12 2043/19 2046/7 2046/21 2046/21 2047/19 2047/22 2048/14 2052/23 2053/1 2054/2 2056/11 2056/12 2056/13 2057/18 2059/9 2059/12 2067/23 2069/23 2079/11 2080/12 2083/18 2083/20 2086/17 2089/24 2090/5 2091/6 2092/18 2094/10 2095/1 2095/5 2098/17 2099/7 2103/1 2103/13 2103/13 2104/3 2104/3 2105/24 2108/8 2108/18 2111/8 2112/16 2117/10 2121/11 2121/25 2122/20 2126/2 2126/7 2131/17 victory [2] 2006/25 2007/1 view [10] 1979/9 2004/21 2004/21 2015/24 2020/15 2069/22 2084/11 2088/7 2089/17 2090/16 views [5] 2015/15 2015/16 2018/19 2102/7 2132/12 violates [1] 2019/20 Virginia [1] 2099/22 virtue [1] 2132/6 visual [39] 1984/15 2031/16 2033/4 2036/15 2036/17 2037/4 2037/11 2037/25 2038/20 2039/7 2039/17 2040/8 2040/16 2043/3 2050/16 2054/1 2054/3 2054/15 2056/23 2057/9 2057/10 2059/6 2062/11 2076/8 2083/17 2092/18 2092/19 2094/23 2094/25 2095/1 2095/3 2095/6 2096/25 2097/11 2097/13 2097/23 2099/7 2103/14 2107/24 visual-spatial [1] 2107/24 visually [3] 2038/25 2039/23 2095/11 vocabulary [4] 2035/17 2035/17 2042/19 2059/20 voice [1] 1968/25 VP [1] 2116/22

vulnerable [1] 2110/5

WAIS [54] 1985/22 1986/16 1986/16
1988/22 1989/2 1989/3 1989/6 1989/7 1989/9
1989/10 1989/15 1989/18 1989/20 1989/21
1990/10 1990/19 1991/3 1991/6 1991/7
1991/8 1991/8 1996/1 1996/2 2003/23 2049/1
2049/3 2049/12 2049/22 2050/7 2050/9
2073/8 2102/3 2102/3 2103/11 2103/12
2103/17 2103/20 2103/20 2106/2 2106/5
2106/7 2108/8 2108/16 2108/17 2110/18
2110/22 2110/24 2111/2 2111/4 2111/12
2113/21 2116/19 2116/20 2116/20
WAIS-III [21] 1986/16 1988/22 1989/7

1989/9 1989/21 1991/8 2003/23 2049/1 2049/3 21923312103/1122103/2003909/6 2106/5 2106/7 2110/18 2110/22 2110/24 2111/2 2111/4 2111/12 WAIS-IV [20] 1989/2 1989/3 1989/6 1989/10 1989/15 1989/18 1989/20 1990/10 1990/19 1991/3 1991/6 1991/7 1991/8 2049/22 2050/9 2102/3 2103/20 2108/8 2108/16 2108/17 WAIS-R [5] 1986/16 2103/11 2103/17 2113/21 2116/20 WAISs [1] 1988/19 wait [1] 2025/24 want [45] 1970/10 1970/17 1971/2 1973/3 1975/15 1976/14 1976/22 1977/1 1979/18 1986/21 1992/5 2011/10 2011/12 2012/13 2012/14 2014/4 2019/18 2019/21 2026/1 2034/5 2036/4 2040/19 2041/3 2047/5 2050/17 2060/3 2065/14 2071/7 2075/3 2076/19 2081/1 2081/2 2101/12 2106/17 2111/2 2117/22 2119/10 2122/10 2134/6 2134/7 2134/14 2134/19 2134/20 2136/1 2136/12 wanted [8] 1966/1 2010/18 2010/19 2011/5 2051/17 2074/5 2122/4 2130/16 wants [1] 1987/7 warrant [1] 2016/23 was [217] was present [1] 2033/7 wasn't [2] 2042/16 2132/19 wasnt [6] 1992/11 1996/7 2010/19 2011/4 2076/17 2076/22 way [36] 1971/7 1972/9 1983/21 1987/23 1987/24 1988/20 1989/6 1990/11 2011/13 2024/16 2025/2 2035/21 2039/19 2039/20 2041/17 2042/13 2044/23 2052/18 2052/25 2053/18 2056/3 2059/22 2062/17 2072/10 2072/14 2072/19 2088/12 2097/1 2098/3 2098/4 2098/9 2111/9 2114/21 2117/25 2130/1 2134/24 way -- yes [1] 1987/24 ways [7] 1988/12 1988/13 2052/12 2055/10 2058/21 2096/13 2108/11 we [186] we'll [7] 2108/14 2130/25 2131/1 2133/5 2134/7 2136/9 2136/9 we're [32] 1969/9 1974/3 1975/6 1981/16 1982/14 1999/11 2001/16 2001/17 2008/4 2008/5 2008/8 2013/23 2013/24 2014/3 2016/19 2022/20 2022/22 2023/13 2051/21 2061/8 2062/18 2079/18 2086/19 2087/15 2094/19 2098/5 2098/6 2103/16 2110/20 2114/6 2123/12 2132/4 we've [5] 1969/16 1972/23 1974/8 2038/1 2065/17 weak [4] 2021/15 2021/21 2059/2 2060/19 weaker [2] 2039/6 2039/6 weakness [2] 2030/23 2091/12 weaknesses [9] 2046/24 2046/25 2062/19 2076/6 2089/3 2089/18 2090/10 2096/23 2115/14 wear [7] 1982/2 1982/4 1982/5 1982/7 1983/4 1983/12 2048/23 wears [1] 1983/10 Wechsler [7] 2101/5 2102/24 2102/24 2103/3 2103/4 2123/6 2123/20 Wechsler's [3] 1984/11 1984/13 2107/22 week [1] 2127/11 weeks [2] 1982/23 2107/16 weight [9] 1992/6 2080/24 2090/8 2090/12 2090/13 2125/13 2128/21 2129/16 2130/5 weighted [3] 2118/12 2118/16 2118/20 Weiss [2] 2000/2 2000/19 well [101] 1968/16 1968/18 1969/23 1971/11

1973/19 1975/8 1976/3 1976/7 1979/12 Pable80/081981/201981/201981/20198102#198571387 1986/1 1987/25 1988/11 1988/22 1989/16 1991/20 1993/19 1994/3 1994/5 1999/10 2000/2 2001/16 2002/19 2003/19 2004/15 2006/18 2007/14 2010/8 2010/19 2015/9 2016/1 2017/19 2018/1 2018/11 2018/21 2020/7 2020/17 2021/9 2021/20 2021/25 2022/5 2022/20 2024/18 2024/24 2025/3 2031/1 2033/25 2038/21 2041/21 2042/5 2044/3 2046/7 2047/22 2048/21 2050/4 2052/7 2053/7 2053/23 2055/6 2056/15 2057/5 2057/12 2057/19 2057/24 2058/22 2063/14 2064/7 2065/6 2065/14 2066/7 2066/19 2066/20 2073/8 2075/9 2082/5 2089/10 2090/22 2091/20 2092/21 2093/6 2097/18 2098/12 2105/2 2112/19 2115/21 2116/1 2118/17 2122/9 2124/14 2124/21 2125/24 2126/5 2131/13 2132/9 2132/16 2133/5 2134/9 well-known [2] 1968/16 1968/18 went [6] 1999/4 2035/16 2068/6 2068/7 2076/23 2121/7 were [135] 1967/25 1968/2 1968/5 1968/5 1977/21 1978/15 1979/2 1981/15 1981/25 1982/18 1988/19 1991/15 1992/2 1993/18 1997/14 1997/22 1999/25 2006/2 2006/16 2008/10 2008/11 2008/17 2008/19 2009/4 2009/7 2010/17 2011/24 2015/15 2019/1 2019/2 2022/12 2022/23 2023/5 2023/22 2023/23 2025/5 2025/16 2031/23 2031/23 2032/9 2033/12 2033/13 2033/25 2037/10 2039/1 2040/9 2040/13 2041/10 2041/13 2041/18 2041/20 2042/15 2044/2 2044/7 2045/13 2045/17 2046/17 2047/1 2047/4 2049/5 2049/22 2050/1 2050/2 2050/2 2050/3 2050/5 2050/23 2050/24 2050/24 2051/2 2051/3 2051/18 2053/4 2056/15 2057/25 2060/24 2062/13 2062/13 2062/14 2063/9 2063/9 2063/10 2063/11 2063/15 2063/20 2064/6 2064/10 2064/11 2065/16 2065/18 2065/21 2065/25 2066/2 2066/5 2066/6 2067/15 2068/5 2069/7 2071/17 2072/14 2073/24 2074/19 2075/4 2077/10 2080/23 2081/21 2082/5 2083/14 2083/15 2083/15 2093/8 2103/12 2103/13 2104/3 2104/5 2109/23 2110/24 2111/13 2111/13 2111/14 2111/14 2112/5 2115/6 2115/7 2115/11 2119/10 2119/11 2119/12 2121/9 2121/10 2121/21 2121/21 2122/3 2122/4 2135/18 weren't [1] 2103/11 what [229] what's [12] 1978/2 1991/2 1993/12 1995/3 2006/14 2036/21 2039/14 2047/15 2048/19 2088/21 2105/25 2129/24 whatever [6] 1977/14 1999/9 2011/14 2014/2 2058/23 2110/12 wheel [1] 2131/12 when [120] 1968/5 1972/2 1975/8 1976/7 1977/19 1978/13 1981/1 1983/18 1984/12 1985/22 1990/25 1991/7 1991/18 1994/5 1994/16 1994/19 1994/20 1995/11 1996/15 1997/13 2001/3 2001/5 2008/17 2009/4 2009/23 2011/13 2013/20 2016/2 2016/19 2018/9 2019/9 2020/7 2021/13 2022/18 2031/6 2031/10 2035/16 2038/23 2040/23 2041/8 2045/23 2047/18 2048/16 2049/21 2050/10 2050/11 2050/21 2055/20 2056/5 2056/6 2056/8 2057/23 2058/18 2058/23 2060/2 2060/4 2060/14 2061/12 2062/17 2064/10 2066/5 2066/7 2066/9 2067/16 2067/21 2068/9 2069/21 2071/11 2071/12 2072/2 2074/12 2075/7 2075/8 2075/19 2075/21 2083/16 2084/6 2086/7 2086/18

W when... [41] 2089/21 2091/11 2092/2 2095/2 2095/14 2095/15 2097/2 2097/6 2097/8 2097/9 2097/11 2098/17 2099/25 2101/3 2103/19 2106/5 2107/5 2107/9 2107/15 2107/21 2112/9 2112/10 2112/10 2112/13 2112/20 2112/21 2119/24 2121/6 2121/9 2121/9 2122/12 2122/16 2124/1 2124/12 2125/2 2125/6 2125/8 2125/20 2127/24 2131/16 2136/1 where [67] 1967/13 1969/20 1970/25 1984/12 1993/11 1993/17 1993/19 1993/24 1994/2 2001/22 2002/10 2008/18 2009/14 2013/11 2021/14 2024/9 2025/6 2035/20 2036/22 2038/4 2048/17 2049/1 2052/21 2053/1 2055/8 2057/17 2060/9 2062/18 2066/25 2072/20 2077/1 2077/7 2079/23 2087/6 2087/13 2087/21 2092/5 2093/6 2093/23 2093/25 2094/3 2097/16 2097/21 2098/12 2100/12 2101/4 2101/11 2105/22 2108/8 2110/5 2110/14 2110/14 2110/18 2111/4 2111/9 2113/11 2118/8 2118/15 2120/19 2120/21 2121/7 2124/10 2130/19 2131/3 2132/1 2132/9 2132/18 where you're [1] 2113/11 whereas [2] 2040/15 2048/11 whether [53] 1970/17 1971/16 1971/24 1984/16 1985/2 1985/6 1992/15 1993/15 1999/1 2004/14 2010/10 2016/16 2017/10 2017/21 2024/19 2032/1 2032/17 2033/15 2039/14 2041/10 2063/4 2063/10 2064/4 2064/5 2065/12 2067/2 2069/1 2069/7 2070/17 2070/18 2071/8 2081/22 2087/22 2100/11 2101/25 2102/1 2107/25 2111/19 2114/6 2127/20 2127/22 2128/12 2128/15 2128/18 2128/22 2128/25 2129/20 2129/22 2129/24 2131/22 2131/23 2135/22 2135/23 which [95] 1969/3 1969/12 1970/18 1970/19 1970/25 1976/6 1986/9 1988/1 1992/3 2001/10 2002/4 2002/23 2009/10 2017/9 2021/2 2021/24 2022/8 2023/16 2024/4 2032/10 2033/20 2035/8 2035/17 2035/22 2036/10 2036/25 2037/7 2037/9 2037/19 2038/9 2038/11 2038/12 2038/21 2040/24 2041/6 2042/10 2042/11 2042/12 2042/21 2044/13 2047/16 2047/24 2048/25 2049/7 2049/16 2051/23 2054/8 2054/12 2054/13 2056/14 2056/23 2056/24 2059/4 2061/6 2062/17 2065/18 2068/19 2068/20 2074/2 2075/1 2076/8 2076/20 2080/20 2081/13 2086/8 2088/17 2089/7 2089/15 2092/18 2095/14 2095/21 2096/13 2096/14 2097/3 2097/7 2097/17 2097/25 2102/9 2109/20 2110/24 2113/6 2113/21 2116/5 2116/14 2116/24 2117/5 2117/25 2121/16 2124/6 2124/24 2128/20 2128/25 2129/12 2129/13 2134/7 while [16] 1999/23 2048/24 2049/3 2049/10 2049/15 2050/13 2055/25 2060/25 2065/7 2079/24 2080/12 2092/14 2101/18 2109/24 2118/18 2125/14 white [3] 2025/16 2049/12 2111/16 who [45] 1968/14 1970/11 2000/8 2004/5 2013/8 2013/14 2015/6 2018/21 2023/15 2023/15 2028/24 2031/19 2034/17 2039/5 2039/20 2039/24 2041/14 2050/13 2055/11 2071/2 2071/10 2072/2 2076/1 2078/4 2080/11 2081/17 2082/25 2086/5 2086/8 2088/3 2088/4 2089/9 2092/15 2092/21 2092/24 2097/20 2114/14 2114/15 2114/19 2114/23 2115/22 2116/21 2125/7 2125/9 2135/21 whole [4] 2008/6 2057/14 2091/21 2117/4

where 115925/6 Filed 02/09/16 why [30] 1967/20 1967/21 1968/2 1969/24 1970/10 1971/5 1976/11 1980/15 1985/25 1987/9 1987/19 1988/9 1991/13 1995/25 1996/14 2014/18 2034/25 2039/10 2041/1 2043/17 2043/25 2044/16 2059/25 2077/21 2081/10 2094/16 2100/24 2115/10 2132/2 2132/2 WIAT [1] 2058/7 WIAT-III [1] 2058/7 wide [3] 2000/4 2002/5 2117/6 widely [1] 2039/24 will [24] 1966/21 1982/4 1982/5 1999/24 2004/22 2016/9 2031/5 2042/1 2045/22 2059/7 2059/9 2081/1 2084/9 2085/25 2096/15 2098/12 2106/24 2113/14 2127/9 2127/19 2131/6 2131/16 2132/19 2133/1 will definitely [1] 2132/19 willful [9] 2019/18 2022/13 2023/7 2023/7 2024/2 2024/5 2024/12 2024/13 2024/21 willfully [2] 2019/20 2024/20 willfulness [1] 2024/20 willing [2] 2012/4 2012/5 willingness [1] 2022/3 WILSON [44] 1963/5 1965/14 1980/3 1991/16 1991/18 1992/22 1994/4 1994/7 2007/10 2008/3 2010/10 2011/11 2011/25 2013/18 2014/9 2015/11 2015/13 2019/3 2024/4 2032/4 2032/13 2032/23 2033/15 2034/22 2035/1 2046/21 2049/8 2056/14 2057/8 2058/17 2059/17 2063/15 2064/25 2065/22 2068/6 2073/21 2074/12 2076/17 2080/22 2081/9 2109/10 2127/23 2129/8 2129/21 Wilson's [17] 1992/16 2017/25 2024/11 2034/21 2038/25 2040/8 2040/18 2046/18 2053/23 2060/23 2063/6 2083/2 2112/3 2129/2 2130/2 2130/8 2130/13 WISC [28] 1986/9 1986/11 1987/15 1987/16 1988/22 1988/22 1988/25 1989/1 1989/2 2048/25 2049/4 2049/11 2049/17 2102/3 2102/3 2103/11 2103/16 2103/17 2109/25 2110/1 2110/3 2110/4 2110/7 2110/8 2110/13 2110/13 2110/18 2110/23 WISC-C [1] 2110/8 WISC-Cs [2] 2109/25 2110/1 WISC-III [14] 1986/9 1987/15 1988/22 2048/25 2049/4 2049/17 2102/3 2103/11 2103/17 2110/3 2110/4 2110/13 2110/18 2110/23 WISC-IV [3] 1988/25 1989/1 1989/2 WISC-R [7] 1986/11 1987/16 1988/22 2102/3 2103/16 2110/7 2110/13 wise [1] 2121/3 within [11] 1979/4 1989/7 1994/18 2013/18 2037/22 2042/16 2075/20 2089/7 2099/10 2102/22 2103/2 without [13] 1974/16 2005/11 2011/24 2014/25 2030/3 2033/23 2033/24 2046/8 2059/11 2098/4 2124/3 2126/18 2134/3 witness [25] 1965/2 1965/2 1965/3 1965/19 1969/5 1969/7 1970/1 1970/17 1987/2 2004/11 2006/6 2006/17 2006/21 2006/23 2013/23 2025/21 2026/9 2026/13 2026/15 2029/18 2045/11 2062/22 2100/7 2122/24 2126/12 witness's [2] 2062/3 2126/12 witnesses [4] 1970/18 2006/11 2126/21 2137/2 wonder [1] 2103/18 wonderful [1] 2136/14 wondering [2] 1979/2 2122/22

Woodcock [1] 2098/14

wholeheartedly [1] 1974/18

Palmer 2 0 4 1 20 3 3 0 PS 4 4 20 13 / 1 20 3 7 23 8 8 2054/9 2054/14 2059/3 2059/5 2059/12 2061/6 2075/23 worded [1] 2084/22 words [39] 1977/4 1977/20 1987/20 2001/9 2008/23 2016/9 2031/14 2031/16 2033/3 2033/9 2035/18 2036/11 2037/5 2038/21 2039/15 2052/21 2055/19 2057/22 2058/9 2060/18 2060/22 2061/7 2061/11 2061/12 2075/7 2075/14 2080/24 2085/21 2094/21 2094/23 2097/10 2099/2 2100/16 2114/14 2115/20 2120/3 2122/8 2122/12 2127/22 wore [1] 1982/6 work [14] 2027/18 2027/22 2039/8 2042/24 2045/16 2062/18 2068/11 2068/12 2077/15 2099/15 2130/25 2131/1 2133/5 2136/12 worked [3] 2025/9 2058/18 2078/4 working [10] 2008/17 2042/22 2043/14 2044/17 2044/18 2054/15 2056/9 2058/6 2058/13 2126/6 works [1] 2084/15 workup [1] 2072/19 world [6] 2009/15 2010/1 2010/5 2010/14 2012/10 2132/7 worn [1] 1981/11 worry [1] 1980/10 worse [3] 2016/10 2020/21 2020/21 would [127] 1970/13 1973/3 1974/17 1975/1 1975/1 1975/2 1975/12 1975/14 1975/14 1975/16 1976/4 1976/4 1976/8 1976/8 1977/10 1977/12 1977/19 1977/23 1978/16 1978/18 1979/20 1982/7 1992/10 1992/13 1993/14 2004/1 2004/6 2004/19 2005/2 2007/22 2011/5 2011/8 2011/10 2011/16 2011/17 2011/19 2011/19 2014/10 2014/13 2016/22 2018/23 2019/4 2019/15 2019/16 2020/17 2021/15 2022/8 2022/8 2022/9 2023/9 2023/14 2023/18 2024/14 2025/17 2034/6 2034/16 2034/18 2038/22 2040/10 2040/20 2045/18 2045/20 2049/14 2049/24 2052/5 2060/9 2060/12 2065/20 2066/11 2066/13 2066/16 2066/25 2066/25 2067/5 2068/2 2068/4 2069/20 2072/22 2073/10 2074/20 2080/19 2082/8 2083/3 2083/4 2083/6 2083/10 2089/6 2089/16 2092/25 2092/25 2093/1 2093/6 2099/3 2099/12 2099/13 2101/24 2103/18 2104/1 2108/5 2108/10 2108/21 2109/1 2110/5 2110/14 2110/16 2110/20 2111/19 2112/2 2112/23 2114/8 2114/12 2122/18 2125/1 2125/4 2127/15 2127/23 2128/13 2129/12 2130/10 2130/11 2130/12 2131/8 2131/12 2132/17 2133/23 2134/14 2135/18 wouldn't [4] 1974/25 2014/11 2019/18 2131/15 wouldnt [7] 1975/3 1977/17 1979/17 1992/5 1994/10 2010/14 2092/23 write [2] 2070/9 2077/8 writing [17] 1981/2 1992/13 2016/4 2030/11 2031/12 2054/17 2054/17 2061/12 2074/25 2075/15 2077/9 2078/20 2078/22 2084/5 2084/7 2084/8 2106/5 written [15] 1983/12 1991/1 1994/12 1998/14 2015/21 2029/6 2029/7 2029/9 2055/11 2078/16 2085/13 2088/1 2101/7 2103/6 2112/15 wrong [8] 1974/17 1983/17 2024/6 2050/7 2050/8 2050/9 2050/10 2101/7 wrote [5] 2055/9 2077/9 2078/14 2082/6 2112/13 Yeah [14] 2008/23 2023/14 2060/13 2105/13

Woodcock-Johnson [1] 2098/14

Yeah... [10] 2105/24 2108/4 2110/4 2113/14 2116/12 2117/16 2118/6 2118/17 2124/3 2125/23 year [16] 1970/22 1972/7 1975/10 1978/1 1978/15 1978/25 1979/4 1979/8 1982/23 2002/2 2021/16 2072/4 2106/10 2106/20 2116/8 2120/11 vears [49] 1972/1 1972/19 1972/22 1972/24 1973/23 1974/14 1976/19 1980/24 1982/6 1982/9 1982/12 1982/16 1982/24 1994/1 1997/2 1999/21 2002/5 2010/11 2010/15 2018/9 2021/1 2025/9 2031/21 2032/4 2032/12 2036/14 2041/6 2042/2 2046/18 2046/19 2047/10 2047/11 2048/10 2052/5 2063/15 2067/9 2071/1 2071/25 2073/13 2076/18 2077/13 2083/8 2083/13 2102/2 2102/25 2103/5 2103/15 2109/24 2125/3 yes [161] 1965/21 1966/5 1966/12 1966/23 1967/5 1967/8 1967/11 1967/16 1968/4 1968/8 1968/15 1969/11 1969/11 1972/9 1973/2 1973/11 1973/15 1973/25 1975/14 1975/21 1975/24 1977/7 1979/14 1979/25 1980/7 1980/12 1982/4 1982/14 1984/4 1984/7 1985/10 1985/19 1985/20 1985/24 1986/6 1986/12 1986/14 1987/24 1988/3 1988/8 1988/17 1988/24 1989/3 1990/4 1990/6 1990/12 1990/16 1991/17 1991/20 1993/3 1993/6 1993/23 1994/14 1994/18 1994/25 1995/17 1996/17 1997/7 1997/12 1997/16 1997/19 1997/23 1998/4 1998/6 1999/7 2000/12 2000/20 2000/21 2001/1 2001/2 2002/4 2002/25 2003/15 2004/19 2005/8 2005/18 2006/22 2007/11 2007/25 2008/15 2009/13 2010/4 2011/4 2011/15 2012/9 2012/16 2013/15 2014/10 2014/10 2015/3 2015/19 2015/22 2017/4 2017/8 2017/13 2017/18 2018/13 2019/25 2023/5 2025/17 2026/2 2027/1 2029/7 2029/11 2029/24 2040/2 2045/3 2045/9 2047/4 2052/11 2056/2 2058/3 2063/8 2064/19 2065/2 2066/16 2066/18 2066/24 2067/4 2067/11 2069/21 2078/17 2082/8 2083/11 2084/19 2084/20 2084/21 2085/2 2085/17 2089/4 2090/7 2093/19 2094/11 2095/7 2096/5 2102/11 2105/7 2105/20 2106/5 2107/3 2109/12 2109/16 2109/22 2113/8 2113/23 2114/3 2118/10 2118/14 2119/14 2119/17 2122/2 2122/9 2123/4 2123/16 2123/25 2131/4 2131/5 2131/14 2133/16 2135/2 2135/17 vesterday [18] 1966/2 1966/13 1967/12 1967/25 1981/3 1981/12 1981/15 1982/9 1982/15 1985/2 1985/6 1996/19 2016/25 2019/2 2020/4 2021/3 2022/19 2022/22 yet [6] 1980/13 1990/25 2009/24 2018/22 2079/19 2103/13 yield [2] 1990/20 2116/21 YORK [7] 1963/1 1963/16 1963/20 1963/20 1964/2 1964/2 1964/13 you [697] you'd [4] 1979/18 1984/5 1993/21 2069/17 you'll [1] 2085/3 you're [43] 2016/2 2020/13 2020/14 2021/8 2021/10 2022/15 2023/21 2024/18 2025/1 2030/7 2038/20 2039/13 2039/21 2039/22 2039/22 2042/5 2050/10 2052/20 2055/20 2056/4 2056/10 2057/17 2057/19 2079/24 2109/5 2109/17 2109/19 2110/11 2111/21 2111/23 2111/24 2112/21 2112/21 2113/3 2113/11 2118/3 2118/8 2122/13 2124/1 2124/12 2125/25 2126/7 2135/15

you've [20] 1976/19 1993/9 1993/24 1994/23

<u> የመጀመ 205314 20551202102/109/1062</u>5 Palge 205 of 205 PageID #: 17889 2104/2 2107/7 2122/14 2124/22 2136/12 2136/14 young [13] 1972/17 2019/9 2023/15 2024/3 2071/10 2071/23 2072/1 2072/5 2081/9 2106/11 2106/21 2112/19 2125/4 younger [2] 1973/16 1974/3 your [174] 1965/13 1966/7 1966/14 1966/18 1966/20 1966/21 1966/21 1966/25 1967/3 1967/9 1967/21 1969/14 1970/15 1971/3 1971/20 1971/21 1976/24 1978/13 1979/21 1981/16 1984/24 1986/17 1991/15 1991/24 1993/9 1993/11 1994/15 1994/25 1995/24 1996/19 1997/18 1999/3 1999/12 2002/23 2004/4 2004/12 2005/3 2005/15 2006/19 2006/21 2007/9 2007/9 2008/10 2008/17 2008/20 2009/11 2009/14 2009/14 2010/16 2011/13 2011/14 2011/20 2012/14 2012/18 2014/8 2014/14 2015/3 2015/6 2015/15 2016/5 2017/21 2020/6 2020/10 2020/15 2025/23 2026/4 2026/10 2026/12 2026/17 2026/21 2027/12 2028/3 2028/15 2028/20 2029/17 2029/20 2030/2 2030/4 2030/17 2031/14 2032/22 2034/3 2034/4 2034/7 2035/9 2036/10 2038/8 2038/24 2039/15 2040/6 2040/17 2040/25 2042/25 2045/10 2045/23 2046/6 2048/2 2050/18 2053/3 2053/8 2053/8 2053/9 2055/21 2055/22 2058/9 2062/21 2063/3 2063/4 2064/10 2064/21 2064/25 2065/3 2067/9 2069/6 2070/3 2070/13 2070/21 2072/11 2073/4 2073/10 2073/18 2073/21 2074/2 2077/25 2078/5 2078/14 2079/3 2079/3 2079/12 2080/4 2080/23 2080/24 2085/25 2087/8 2088/7 2088/15 2089/2 2089/17 2090/16 2090/16 2093/15 2093/15 2093/21 2094/6 2096/9 2096/16 2098/20 2099/10 2100/6 2100/24 2101/1 2102/7 2102/9 2105/8 2105/18 2109/4 2109/17 2112/12 2113/4 2117/22 2121/22 2122/1 2122/23 2125/19 2126/9 2126/11 2126/16 2126/22 2126/25 2131/5 2131/8 2132/12 2133/17 2136/7 youre [33] 1976/18 1976/21 1977/4 1977/19 1978/20 1978/21 1979/1 1980/8 1980/8 1980/21 1981/3 1981/25 1982/16 1983/19 1999/8 1999/9 2011/12 2066/20 2067/21 2070/6 2072/20 2087/7 2090/18 2092/13 2094/7 2094/12 2094/15 2095/4 2095/16 2095/16 2096/3 2098/21 2100/25 yourself [5] 2056/1 2057/16 2057/20 2060/7 2118/7 vouth [1] 2073/24 zero [1] 2006/7

1998/5 2034/6 2040/20 2047/25 2070/20